

ILLINI WEST HIGH SCHOOL

July 16, 2012

Dear Students and Parents:

Illini West High School will begin its sixth year in a month. We anticipate a great year and look forward to working with the students, parents, staff and communities of the Illini West School District. It is important that we work together in order to provide a successful experience for our students. I firmly believe that the school cannot accomplish its goals without the support of the parents. Please feel free to contact me if you have any suggestions, questions or concerns.

We have established the following schedule for registration. We will not be ready to begin registration prior to the listed times for each day.

Tuesday, July 31	All students	Illini West High School	10:00 AM – 8:00 PM
Wednesday, August 1	All students	Illini West High School	9:00 AM – 7:00 PM
Thursday, August 2	All students	Illini West High School	8:00 AM – 6:00 PM

If you cannot register during any of the above times, please mail your information and the correct amount for appropriate fees to the high school office by August 13. **We ask that the student and a parent/guardian come to registration so that all the necessary forms may be completed at that time.** If you wish to download forms ahead of time, all forms can be found on the school website at www.illiniwest.org or they can be picked up outside the high school office and the elementary offices in Dallas City and LaHarpe on July 20. **We highly encourage you to have all forms completed before arriving at registration.**

Please be prepared to pay student fees including lunch money, curriculum fee, driver's ed., etc. at registration. A copy of this year's fee schedule can also be found on the school website. Also on the school website you will find the the Free/Reduced Breakfast & Lunch application along with the Fee Waiver form. If you complete this form and your income qualifies based on the guidelines, not only will you receive free/reduced meals, but also your 2012-2013 curriculum and driver's ed. fees will be waived. Please take the time to fill these forms out ahead of time to reduce the time you have to wait during registration. If you need assistance filling out the form, please call Dawn Hellyer in the office. Season athletic passes will be sold during registration. The 2012-2013 Parent-Student Handbook will be available at registration or you can download it from the school website. Each student and parent will be asked to sign for the student handbook. Please be sure to read it over carefully so that both you and your student understand the expectations we have. **We will also be collecting physical forms for all incoming freshmen.** All immunizations must be up to date. PE uniforms are required and can be purchased at United Hometown Apparel.

Student schedules will be handed out and our guidance counselors will be available to answer questions or make needed schedule changes if there are scheduling conflicts. If there are scheduling conflicts in your student's schedule, it is important that these conflicts be dealt with during the week of registration. For those students taking dual credit classes from Carl Sandburg, you will receive a letter from Carl Sandburg regarding tuition and book fees, when to register, etc.

Freshmen Orientation will be held Monday, August 6 at 6:00 in the high school gymnasium. All freshmen students and parents are invited to attend.

The first day of school is Monday, August 20 and is a full attendance day.

Once again, I want to emphasize the importance of registration. Please make every effort to register your student(s) before the start of school on August 20. If you have any questions about the registration process, please call the office at 217-357-2136.

Sincerely,

Brad Gooding, Principal

PUBLIC ANNOUNCEMENT

National School Lunch and School Breakfast Programs

Olini West High School

today announced its policy for free and reduced-price lunch, breakfast, and after-school snacks for those students unable to pay the full price for meals and snacks under the National School Lunch and School Breakfast Programs. The following household size and income criteria will be used for determining eligibility.

Income Eligibility Guidelines

Effective from July 1, 2012, to June 30, 2013

Household Size	Free Meals 130% Federal Poverty Guideline					Household Size	Reduced-Price Meals 185% Federal Poverty Guideline				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly		Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	14,521	1,211	606	559	280	1	20,665	1,723	862	795	398
2	19,669	1,640	820	757	379	2	27,991	2,333	1,167	1,077	539
3	24,817	2,069	1,035	955	478	3	35,317	2,944	1,472	1,359	680
4	29,965	2,498	1,249	1,153	577	4	42,643	3,554	1,777	1,641	821
5	35,113	2,927	1,464	1,351	676	5	49,969	4,165	2,083	1,922	961
6	40,261	3,356	1,678	1,549	775	6	57,295	4,775	2,388	2,204	1,102
7	45,409	3,785	1,893	1,747	874	7	64,621	5,386	2,693	2,486	1,243
8	50,557	4,214	2,107	1,945	973	8	71,947	5,996	2,998	2,768	1,384
For each additional family member, add	5,148	429	215	198	99	For each additional family member, add	7,326	611	306	282	141

Children from households that meet Federal guidelines are eligible for free or reduced-price meal services. Complete one application per household for all children that attend the same school district.

All meals served must meet the U. S. Department of Agriculture meal requirements. However, if a child has been determined by a doctor to have a disability and the disability would prevent the child from eating the regular school meal, this school will make substitutions prescribed by the doctor. If a substitution is needed, there will be no extra charge for the meal. If you believe your child needs substitutions because of a disability, please contact the school for further information.

Application forms are being sent to all homes with a letter to parents or guardians. To apply for free or reduced-price meal services, households must complete the application as soon as possible, sign it, and return it to the school. Additional copies of the application form are available in the principal's office in each school. Households should answer all applicable questions on the form. An application which does not contain all the required information cannot be processed and approved by the school. Women, Infants, and Children (WIC) participants may be eligible for free/reduced-price meals and are encouraged to complete an application for meal benefits.

The required information is as follows:

SNAP/TANF HOUSEHOLDS: If the school provided you a letter that stated your child(ren) is eligible for free meals via the direct certification process, you do not have to complete this application to receive free meal benefits. Households that currently receive Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) for their child(ren), only have to list the child(ren)'s name and at least one SNAP or TANF case number and sign the application. If at least one SNAP/TANF case number is provided for any household member, then all children listed on the application are categorically eligible for free meals. Applications listing LINK card numbers cannot be used for free or reduced-price meals.

ALL OTHER HOUSEHOLDS: If a household's income is at or below the level shown on the income scale, children are eligible for either free or reduced-price meal services. Households must provide the following information: (1) the names of all household members; (2) the last four digits of the social security number of the adult household member signing the application, or indicate if the adult does not have a social security number; (3) the amount of income each household member received last month, how frequently it is paid, and where it came from (wages, child support, etc.); and (4) the signature of an adult household member.

The information on the application may be checked by school or other officials at any time during the school year.

Households may apply for benefits at any time during the school year. Households that are not eligible now but have a decrease in household income, an increase in household size, or a household member becomes unemployed, should fill out an application at that time.

Homeless, migrant, runaway youth, Head Start and foster care children, are categorically eligible for free meals. Please follow instructions and return form to school.

Households that do not agree with the ruling of the official may wish to discuss it with the school. Households also have the right to a fair hearing. This can be done by calling or writing the following official:

Dawn Hellyer, Principal's Secretary
 (Title)
 600 Miller St. Carthage, IL 62821
 (Address)
 217-357-2136
 (Telephone Number)

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 Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

**ILLINI WEST HIGH SCHOOL
2012-2013 FEE SCHEDULE**

Registration Fee Grades 9 – 12 \$125.00

Handbook Replacement Fee Grades 9 – 12 \$10.00

Driver Education Driving and Class Participation..... \$100.00

Meal Prices

Student Lunch	\$2.00
Reduced Lunch.....	\$0.40
Adult Lunch	\$3.00
Extra Milk	\$0.30
Breakfast	\$1.00
Reduced Breakfast	\$0.30

Athletic Season Tickets Includes All Home Regular Season Athletic Events – Admission subject to seating availability and capacity

Adults	\$75.00
Students.....	\$35.00
Family Plan	\$160.00
Senior Citizens (62 or Older)	\$35.00

<u>High School Admission</u>	Adults	\$4.00
IWHS Students receive	Students & Senior Citizens (62 or Older)	\$2.00
FREE admission to all	JV Single Game	
regular season home games	Adults	\$2.00
by presenting student ID	Students & Senior Citizens (62 or Older)	\$1.00

Spectator Bus A minimum of 40 students is required at \$5.00 per student.

Student Insurance

School Time:	\$30-\$92*
Around the Clock:	\$119-\$287*
Voluntary Football Insurance.....	\$205-\$399*

*Actual price depends on which type of coverage purchased

Student Insurance is represented by Markel Insurance Company.
Insurance may be purchased online at: <http://markel.sevencorners.com>
or by calling 877-444-5014.

Illini West High School District #307

Student Verification-Please fill out completely

Student:

Full Name: _____

Date of Birth: _____

Grade: _____

Elementary District: _____

Carthage Bus Student: (circle one) **Yes** or **No** _____

Cell Phone: _____

Email Address: _____

Resides With: _____

Physical Address:

Street: _____

City: _____

State: _____

Zip: _____

Mailing Address:

Street: _____

City: _____

State: _____

Zip: _____

Mother:

Mother's Name: _____

Employer: _____

Email: _____

Cell Phone: _____

Daytime Phone: _____

Home Phone: _____

Father:

Father's Name: _____

Employer: _____

Email: _____

Cell Phone: _____

Daytime Phone: _____

Home Phone: _____

Guardian: (if applicable)

Relationship to Student: _____

Street: _____

City: _____

State: _____

Zip: _____

Employer: _____

Cell Phone: _____

Daytime Phone: _____

Home Phone: _____

Email: _____

Emergency Contact 1: (other than mother or father)

Name: _____

Relationship: _____

Phone Number: _____

Phone Type circle one: **Cell** or **Home**

Emergency Contact 2: (other than mother or father)

Name: _____

Relationship: _____

Phone Number: _____

Phone Type circle one: **Cell** or **Home**

Medical Professionals:

Doctor: _____

Phone: _____

MEDICAL CONDITIONS:

Dental Professionals:

Dentist: _____

Phone: _____

**Parent/Student
Acknowledgement Form**

STUDENT NAME (Please Print): _____

STUDENT GRADE LEVEL: _____

In an attempt to reduce the amount of paperwork parents/students are required to complete at student registration the District has condensed several forms into one. Please read each section carefully and initial yes or no and sign and date the form at the end. If you would like more information on any of the items presented in this document please ask.

HANDBOOK

I acknowledge that my student received a copy of the 2012-2013 Illini West High School Parent/Student Handbook. I understand that each student is responsible for becoming familiar with and abiding by its contents. I understand that most district policies and procedures that pertain to students and extracurricular activities are stated in this handbook. Hopefully this will eliminate unnecessary confusion during the school year. However, I understand that situations will arise not covered by this handbook. Such situations will be dealt with as they occur. Any questions about the policies and/or their consequences should be directed to the administrator of the building.

I have received the Illini West High School Handbook. _____Yes_____No

I acknowledge receiving a copy of the 2012-2013 Illini West High School Parent/Student Handbook. I understand that as a student I am responsible for becoming familiar with and abiding by its contents. I understand that most district policies and procedures that pertain to students and extracurricular activities are stated in this handbook. Hopefully this will eliminate unnecessary confusion during the school year. However, I understand that situations will arise not covered by this handbook. Such situations will be dealt with as they occur. Any questions about any of the policies and/or their consequences should be directed to the administrator of the building.

_____Yes_____No

PICTURES

I grant consent to Illini West High School to identify a picture of my child/ward, by full name and/or the school he/she attends, in any school sponsored material, publication, and videotape. This consent is valid of the entire time my child/ward is enrolled at Illini West High School. I may revoke this consent at any time by notifying the Principal in writing.

_____Yes_____No

SCHOOL'S WEB PAGE

I hereby give my permission for my child's picture and/or name to be used on the school's Web page.

_____Yes_____No

MILITARY RECRUITERS AND POSTSECONDARY INSTITUTIONS STUDENT DIRECTORY INFORMATION

I grant consent to Illini West High School to release information about my child/ward to:

Military Recruiters _____Yes_____No

Institutions of higher education _____Yes_____No

HOME LANGUAGE SURVEY (FRESHMEN & NEW STUDENTS ARE ONLY REQUIRED TO FILL OUT THIS INFORMATION):

The state requires the district to collect a Home Language Survey for every new student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify the students who need to be assessed for English language proficiency. If the answer to either question is yes, the law requires the school to assess your child's English language proficiency.

Is a language other than English spoken in your home?

_____Yes _____No

Does your child speak a language other than English?

_____Yes _____No

If yes, what language? _____

RELEASE OF INFORMATION:

I hereby give my permission for my child's name, address and phone number to be shared with school affiliated, community or business organizations.

_____Yes _____No

I have checked the above areas YES or NO for my student.

Date: _____ Parent's or Guardian's Name (please print): _____

Parent's or Guardian's Signature: _____

Student's Signature: _____

Authorization for Electronic Network Access Form

Submit to Building Principal.

Students and their parents/guardians need only sign this *Authorization for Electronic Network Access* once while the student is enrolled in the School District.

Staff members need only sign this *Authorization for Electronic Network Access* once while employed by the School District.

- Please check the appropriate box: Staff member
 Parent/Guardian of student
 Student *

I understand and will abide by the above *Authorization for Electronic Network Access*. I understand that the District and/or its agents may access and monitor my use of the Internet, including my e-mail and downloaded material, without prior notice to me. I further understand that should I commit any violation, my access privileges may be revoked, and school disciplinary action and/or appropriate legal action may be taken. In consideration for using the District's electronic network connection and having access to public networks, I hereby release the School District and its Board members, employees, and agents from any claims and damages arising from my use of, or inability to use the Internet.

User Name (*please print*)

User Signature

Date

*** Students are required to have a parent/guardian read and agree to the following:**

I have read this *Authorization for Electronic Network Access*. I understand that access is designed for educational purposes and that the District has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the District to restrict access to all controversial and inappropriate materials. I will hold harmless the District, its employees, agents, or Board members, for any harm caused by materials or software obtained via the network. I accept full responsibility for supervision if and when my child's use is not in a school setting. I have discussed the terms of this *Authorization* with my child. I hereby request that my child be allowed access to the District's Internet.

Parent/Guardian Name (*please print*)

Parent/Guardian Signature

Date

BASED ON BOARD POLICY

DATED: October 10, 2007

School Medical Condition/Medication Authorization Form

To be completed by the child's parent(s)/guardian(s). A new form must be completed every school year. Keep in the school nurse's office or, in the absence of a school nurse, the Building Principal's office.

Student's Name: _____ Birth Date: _____
Address: _____
Home Phone: _____ Emergency Phone: _____
School: Illini West High School Grade: _____

MEDICAL CONDITONS:

- My student does NOT have any medical condition that will or may impact the education of my student.*
- My student has a medical condition that will or may impact the education of my student and of which the school staff needs to be aware.*

DESCRIPTION OF CONDITION: _____

PHYSICIAN'S NAME: _____ **PHONE:** _____

MEDICATION:

- My student does NOT have medication that he/she must take at school.*
- My student has medication that he/she must take at school. Complete details listed below.*

DATE: _____

PARENT/GUARDIAN SIGNATURE

To be completed by the student's physician, physician assistant, or advanced practice RN

FOR MEDICATION:

Physician's Printed Name: _____
Office Address: _____
Office Phone: _____ Emergency Phone: _____
Medication name: _____
Purpose: _____
Dosage: _____ Frequency: _____
Time medication is to be administered or under what circumstances:

Prescription date: _____ Order date: _____ Discontinuation date: _____

Diagnosis requiring medication: _____

Is it necessary for this medication to be administered during the school day ? Yes No

Expected side effects, if any: _____

Time interval for re-evaluation: _____

Other medications student is receiving: _____

Physician's signature Date

For only parents/guardians of students who need to carry asthma medication or an EpiPen®:

I authorize the School District and its employees and agents, to allow my child or ward to possess and use his or her asthma medication and/or epinephrine auto-injector: (1) while in school, (2) while at a school-sponsored activity, (3) while under the supervision of school personnel, or (4) before or after normal school activities, such as while in before-school or after-school care on school-operated property. Illinois law requires the School District to inform parent(s)/guardian(s) that it, and its employees and agents, incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self-administration of medication or epinephrine auto-injector (105 ILCS 5/22-30). ***If you agree please initial:*** _____

Parent(s)/guardian(s)

For all parents/guardians of students requiring medication:

By signing below, I agree that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize the School District and its employees and agents, in my behalf, to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of the School District), lawfully prescribed medication in the manner described above. **I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse and specifically consent to such practices, and**

I agree to indemnify and hold harmless the School District and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration or the child's self-administration of medication.

Parent/Guardian printed name

Parent/Guardian printed name

Parent/Guardian signature* Date

Parent/Guardian signature* Date

** Both parents and/or guardians, if available, should sign.*

BASED ON BOARD POLICY

DATED: October 10, 2007

Illini West High School

Illinois State Board of Education
New U.S. Department of Education Race and Ethnicity Data Standards
DATA COLLECTION FORM

STUDENT'S NAME: _____ DATE OF BIRTH: _____

INSTRUCTIONS: This form is to be filled out by the student's parents or guardians, and both questions must be answered. Part A asks about the student's ethnicity and Part B asks about the student's race. If you decline to respond to either question, the school district is required to provide the missing information by observer identification.

PART A. Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or original, regardless of race.) **Choose only one.**

- No, not Hispanic/Latino**
- Yes, Hispanic/Latino**

The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the question below by marking one or more boxes to indicate what you consider this student's race to be.

PART B. What is the student's race? Choose one or more.

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

- Information provided by Parent/Guardian _____
Signature Date
- Information provided by School District _____
Date

Note: Data collected on this form must be maintained by the school district for three years. However, when there is litigation, a claim, an audit or another action involving this record, the original responses must be retained until the completion of the action.

**ILLINI WEST HIGH SCHOOL
VEHICLE REGISTRATION**

All vehicles driven by students and staff and parked on Illini West grounds must be registered.

STUDENT'S NAME: _____ GRADE: _____

VEHICLE MAKE & MODEL: _____ YEAR _____ COLOR: _____

**LICENSE PLATE NUMBER OF VEHICLE: _____
(THIS MUST BE FILLED IN)**

OWNER OF VEHICLE: _____

INSURANCE COMPANY: _____ POLICY NO. _____

VEHICLE MAKE & MODEL: _____ YEAR _____ COLOR: _____

**LICENSE PLATE NUMBER OF VEHICLE: _____
(THIS MUST BE FILLED IN)**

OWNER OF VEHICLE: _____

INSURANCE COMPANY: _____ POLICY NO. _____

VEHICLE MAKE & MODEL: _____ YEAR _____ COLOR: _____

**LICENSE PLATE NUMBER OF VEHICLE: _____
(THIS MUST BE FILLED IN)**

OWNER OF VEHICLE: _____

INSURANCE COMPANY: _____ POLICY NO. _____

If you have more than three vehicles, please fill out an additional sheet. For temporary plates, please put temporary plate number on this form and have the student notify the office of the actual plate number once it is arrives.

Illini West High School District #307

SCHOOLREACH CONTACT FORM

STUDENT'S NAME: _____ **GRADE:** _____

The SchoolReach System will be used to notify students and families of school closings, emergency situations, lunch balance reminders and general information, as well as contacting parents when a student is absent from school.

Absence Phone Number: _____

Lunch Balance Reminder Phone Numbers: (If left blank call will go to all other numbers listed below)

1. _____
Area Code Phone Number

2. _____
Area Code Phone Number

Additional Phone Numbers: (All calls except lunch balance reminder)

1. _____
Area Code Phone Number

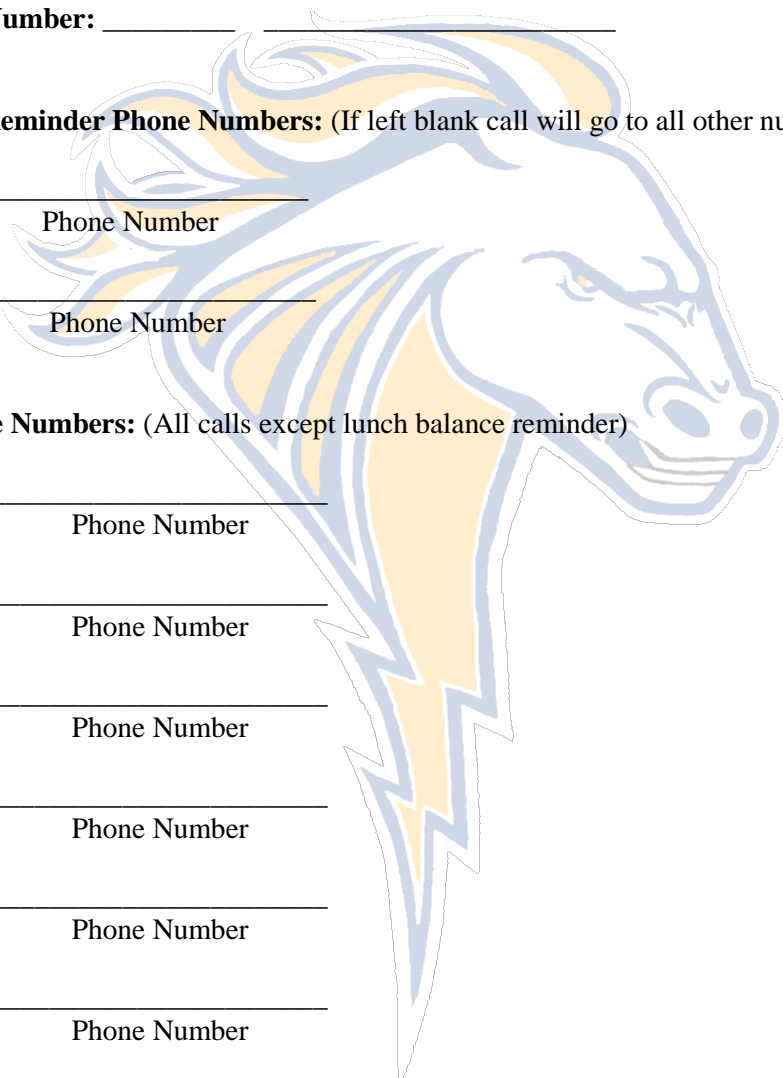
2. _____
Area Code Phone Number

3. _____
Area Code Phone Number

4. _____
Area Code Phone Number

5. _____
Area Code Phone Number

6. _____
Area Code Phone Number



Application for Fee Waiver

To be submitted to the Building Principal

Student's Name <i>(please print)</i>	Illini West High School School
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As the parent/guardian of the above-named student, I request a waiver of school fees.

I am asking for a waiver of school fees because: *(please check at least one box)*

- The above-named student (or student's family) is currently receiving aid under Article IV of The Illinois Public Aid Code (Aid to Families with Dependent Children, AFDC) and evidence of participation is enclosed;
- The above-named student is currently eligible for free meals pursuant to 105 ILCS 125/1 et seq.;
- While none of the above two statements is true, there are other reasons why I am unable to afford the school fee assessed to the above-named student which are: *(describe in detail)*

Supplying false information to obtain a fee waiver is a Class 4 felony (720 ILCS 5/17-6). I attest that the statements made herein are true and correct.

Parent/Guardian <i>(please print)</i>	Address
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Signature	Date
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BASED ON BOARD POLICY

DATED: October 10, 2007

Dear Parent/Guardian:

Children need healthy meals to learn. Illini West offers healthy meals every school day. Breakfast costs \$1.00; lunch costs \$2.00. Your children may qualify for free meals or for reduced price meals. Reduced price is \$.30 for breakfast and \$.40 for lunch. To apply for free or reduced-price meals, use the Household Eligibility Application, which is enclosed. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to Illini West High School 600 Miller St. Attn: Dawn Hellyer Carthage, IL 62321

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

Federal Income Eligibility Guidelines (Effective from July 1, 2012, to June 30, 2013)					
Household Size	Reduced-Price Meals (185% Federal Poverty Guideline)				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	20,665	1,723	862	795	398
2	27,991	2,333	1,167	1,077	539
3	35,317	2,944	1,472	1,359	680
4	42,643	3,554	1,777	1,641	821
5	49,969	4,165	2,083	1,922	961
6	57,295	4,775	2,388	2,204	1,102
7	64,621	5,386	2,693	2,486	1,243
8	71,947	5,996	2,998	2,768	1,384
For each additional family member, add	7,326	611	306	282	141

- 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 Household Eligibility Application for all students in your household per district. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to the school.
- WHO CAN GET FREE MEALS? All children in households receiving benefits from Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) and/or are foster children that are under the legal responsibility of a foster care agency or court are eligible for 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 Eligibility Guidelines. Children who meet the definition of homeless, runaway, or migrant also qualify for free meals. If you haven't been told your children will get free meals, please contact your school to see if your child(ren) qualifies.
- 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 above.
- A MEMBER OF MY HOUSEHOLD RECEIVED SNAP OR TANF BENEFITS. THE SCHOOL SENT A LETTER STATING THAT MY CHILD IS AUTOMATICALLY APPROVED FOR FREE MEALS BASED ON DIRECT CERTIFICATION. DO I NEED TO DO ANYTHING MORE TO ENSURE THAT MY CHILD RECIEVES FREE MEALS? No. You do not need to do anything more to receive free meals for your child. If you have students not listed on the letter, contact the school immediately. If you do not wish to receive the free meals, you should follow the steps outlined in the letter from the school to notify school personnel immediately.
- 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.
- 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 the enclosed application.
- WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof.
- IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
- 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 the person listed above.
- 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.
- 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) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
- 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. If you have lost a job or had your hours or wages reduced, use your current income.
- 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.
- 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.
- MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP, TANF or other assistance benefits, contact your local Department of Human Services office or call (800) 843-6154 (voice) or (800) 447-6404 (TTY).

Sincerely,

INSTRUCTIONS FOR APPLYING – COMPLETE ONE APPLICATION PER HOUSEHOLD PER SCHOOL DISTRICT

IF YOUR HOUSEHOLD RECEIVES SNAP OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

Part 1: List all household members, school and grade for each student, and a SNAP or TANF case number for any household member including adults receiving such benefits. (Attach another sheet of paper if necessary.)

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. (The last four digits of a Social Security Number are not necessary.)

Part 5, 6, 7: Contact Information, Children's Racial and Ethnic Identities, and *All Kids* Information: Answer these questions if you choose to. (Optional)

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY OR HEAD START/EVEN START, FOLLOW THESE INSTRUCTION AND RETURN THE COMPLETE FORM TO YOUR SCHOOL:

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

Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.

Part 3: Complete only if a child in your household isn't eligible under Part 2. See instructions for All Other Households.

Part 4: Sign the form. Only if part 3 is completed, please include the last four digits of a Social Security Number. (or mark the box if s/he doesn't have one).

Part 5, 6, 7: Contact Information, Children's Racial and Ethnic Identities, and *All Kids* Information: Answer these questions if you choose to. (Optional)

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

If all children in the household are foster children that are the legal responsibility of a foster care agency or court:

Part 1: List all foster children and the school name for each child. Check the "Foster Child" box for each foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. The last four digits of a Social Security Number are not necessary.

Part 5, 6, 7: Contact Information, Children's Racial and Ethnic Identities, and *All Kids* Information: Answer these questions if you choose to. (Optional)

If some of the children in the household are foster children are foster children that are the legal responsibility of a foster care agency or court:

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

Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.

Part 3: 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), and disability benefits. 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. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. 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 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

Part 5, 6, 7: Contact Information, Children's Racial and Ethnic Identities, and *All Kids* Information: Answer these questions if you choose to. (Optional)

ALL OTHER HOUSEHOLDS INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

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

Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.

Part 3: 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), and disability benefits. 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. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

Part 5, 6, 7: Contact Information, Children's Racial and Ethnic Identities, and *All Kids* Information: Answer these questions if you choose to. (Optional)

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

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 Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."