

# NUECES CANYON JH/HS Registration Form for School Year

2021-2022

**Campus Name:** NUECES CANYON JH/HS      **Campus Phone:** (830) 234-3524      **Campus Fax:** (830) 234-4129

## STUDENT INFORMATION

<b>Local ID</b> _____	<b>Student Name</b> _____	<b>Grade Level</b> _____	<b>Orig Entry Dt</b> _____	<b>Track</b> _____	<b>SSN</b> _____	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Pacific Islander
						<input type="checkbox"/> White	<input type="checkbox"/> Black
<b>Gender</b> _____	<b>Date of Birth</b> _____	<b>Birth Place</b> _____	<b>Age (Sept 1st)</b> _____	<b>Texas Unique ID</b> _____		<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian

**Address:** \_\_\_\_\_ **Student Home Phone:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Student Cell Phone:** \_\_\_\_\_

**Student Email:** \_\_\_\_\_ **Will your child be using bus transportation to get to school?** ☐ Yes ☐ No

## PARENT INFORMATION

<b>1. Guardian:</b> _____ <b>Relation:</b> _____	<b>2. Guardian:</b> _____ <b>Relation:</b> _____
<b>Address:</b> _____	<b>Address:</b> _____
<b>City, St, Zip:</b> _____	<b>City, St, Zip:</b> _____
<b>Employer:</b> _____	<b>Employer:</b> _____
<b>Cell Ph:</b> _____ <b>Home Ph:</b> _____ <b>Bus Ph:</b> _____	<b>Cell Ph:</b> _____ <b>Home Ph:</b> _____ <b>Bus Ph:</b> _____
<b>Other Ph:</b> _____ <b>Phone Pref:</b> <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other	<b>Other Ph:</b> _____ <b>Phone Pref:</b> <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other
<b>Receive Mailouts:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Language Pref:</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish	<b>Receive Mailouts:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Language Pref:</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish
<b>Emergency Contact:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Email:</b> _____	<b>Emergency Contact:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Email:</b> _____
<b>Svc Branch:</b> _____ <b>Rank:</b> _____ <b>Enrolling Person:</b> _____	<b>Svc Branch:</b> _____ <b>Rank:</b> _____ <b>Enrolling Person:</b> _____
<b>Right to Transport:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Driver License #:</b> _____ <b>State:</b> _____	<b>Right to Transport:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Driver License #:</b> _____ <b>State:</b> _____
<b>Vehicle Make:</b> _____ <b>Model:</b> _____ <b>Color:</b> _____	<b>Vehicle Make:</b> _____ <b>Model:</b> _____ <b>Color:</b> _____
<b>Vehicle Plate #:</b> _____ <b>State:</b> _____	<b>Vehicle Plate #:</b> _____ <b>State:</b> _____

## EMERGENCY CONTACT INFORMATION

<b>Name:</b> _____ <b>Relation:</b> _____	<b>Cell Ph:</b> _____ <b>Home Ph:</b> _____ <b>Bus Ph:</b> _____
<b>Other Ph:</b> _____ <b>Phone Pref:</b> <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other	<b>Right to Transport:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Driver License #:</b> _____ <b>State:</b> _____
<b>Vehicle Make:</b> _____ <b>Model:</b> _____ <b>Color:</b> _____ <b>Plate #:</b> _____ <b>State:</b> _____	

<b>Name:</b> _____ <b>Relation:</b> _____	<b>Cell Ph:</b> _____ <b>Home Ph:</b> _____ <b>Bus Ph:</b> _____
<b>Other Ph:</b> _____ <b>Phone Pref:</b> <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other	<b>Right to Transport:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Driver License #:</b> _____ <b>State:</b> _____
<b>Vehicle Make:</b> _____ <b>Model:</b> _____ <b>Color:</b> _____ <b>Plate #:</b> _____ <b>State:</b> _____	

**Doctor:** \_\_\_\_\_ **Bus Ph:** \_\_\_\_\_ **Dentist:** \_\_\_\_\_ **Bus Ph:** \_\_\_\_\_

**Hospital:** \_\_\_\_\_ **Bus Ph:** \_\_\_\_\_ **Other Medical:** \_\_\_\_\_ **Bus Ph:** \_\_\_\_\_

**List any Allergies or Health Concerns:** \_\_\_\_\_

## SIBLING INFORMATION

<b>Brothers/Sisters</b>	<b>Grade</b>	<b>School</b>	<b>Brothers/Sisters</b>	<b>Grade</b>	<b>School</b>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

## BUS INFORMATION

<b>Eligible:</b> _____	<b>Seat:</b> _____	<b>Special Requirements</b>
<b>Route:</b> _____	<b>Run:</b> _____	<b>Transportation:</b> _____
<b>Pickup Stop:</b> _____	<b>Dropoff Stop:</b> _____	<b>Special Seating:</b> _____
<b>Pickup Assigned:</b> _____	<b>Dropoff Assigned:</b> _____	<b>Wheelchair:</b> _____
<b>Pickup Route:</b> _____	<b>Dropoff Route:</b> _____	

The above information is required for a permanent school record of your child and will be used by school personnel. Presenting false documents, records or information is a violation of state law and may subject you to tuition cost for your child. I certify that the information given above is correct. I authorize the school to contact the person named on this form and the above named physician to render such treatment as may be necessary in an emergency of said child. In the event parents, physician, or other persons named cannot be contacted, school officials are hereby authorized to take whatever action is necessary in their judgment for the health of the above child. I will not hold the school district financially responsible for emergency care and/or transportation.

<b>Parent or Guardian Signature</b> _____	<b>Date of Birth</b> _____	<b>Date</b> _____
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**(For Office Use Only)**

<b>Teacher Name:</b> _____	<b>Control Nbr:</b> _____	<b>Eligibility Code:</b> _____
<b>Birth Certificate on File:</b> _____	<b>Mid Conn:</b> _____ <b>Foster Care:</b> _____	<b>Immunization on File:</b> _____
<b>Soc Sec Copy on File:</b> _____	<b>At Risk:</b> _____ <b>Migrant:</b> _____	<b>Hm Lng:</b> _____
<b>Gift:</b> _____ <b>LEP:</b> _____ <b>BIL:</b> _____ <b>ESL:</b> _____ <b>Par Per:</b> _____	<b>Econ:</b> _____	<b>Special Education:</b> <b>Prm:</b> _____ <b>Sec:</b> _____ <b>Ter:</b> _____ <b>Multi:</b> _____



**NUECES CANYON**  
***Consolidated Independent School District***  
***"The Pride of Nueces Canyon"***

P. O. Box 118  
200 Taylor Street  
#1 Panther Circle  
Barkdale, Texas 78028  
(830) 234-3514 Phone  
(830) 234-3435 Fax

**PARENTAL PERMISSION FOR EXTRA-CURRICULAR AND CO-CURRICULAR ACTIVITIES**

I \_\_\_\_\_ Give my permission for my son/daughter  
\_\_\_\_\_ to miss class so that he/she may participate in any  
co-curricular or extra-curricular activity during the school year.

Student grade level \_\_\_\_\_

Date \_\_\_\_\_

**Nueces Canyon CISD  
Publishing Permission of Photos and Information**

**Dear Parent:**

**You child will be involved in projects during the school year that may include photographs, digital video and basic student information. These items may be presented in a public performance such as a presentation of a project or posting to the school's website or social media. In the event that you child is among those chosen, we are requesting your permission to use his/her photograph or information. Please sign the permission form below.**

- ☐ **I give NCCISD permission for use or display of name, photos, video, artwork or other creative property of my child to be display via Public Presentations, News Paper Articles, NCCISD Website, NCCISD Social Media.**

**Child Name:** \_\_\_\_\_

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

- ☐ **I do not give NCCISD permission for use or display of name, photos, video, artwork or other creative property of my child to be display via Public Presentations, News Paper Articles, NCCISD Website, NCCISD Social Media.**

**Child Name:** \_\_\_\_\_

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

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**We receive request for names, addresses and telephone numbers of students during the school year. We need parent permission to release this information.**

**Photographers**

**School Booster Organizations**

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



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**Dear Parent/Guardian:**

**I, the undersigned, do hereby authorize officials of Nueces Canyon JH/HS to administer Tylenol or Benadryl as may be deemed necessary.**

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

\_\_\_\_\_  
**Student's Last Name, First and Initial**

**I, the undersigned, do hereby authorize officials of Nueces Canyon JH/HS to administer prescription medication that is in the original container and is properly labeled.**

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

\_\_\_\_\_  
**Student's Last Name, First and Initial**



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**The Nueces Canyon Junior High/ High School will be observing a Moment of Silence and the Pledge of Allegiance in the upcoming school year. If you do not want your child to participate please check the box accordingly.**

☐ **Yes they will participate**

☐ **No they will not participate**

**Name of Student** \_\_\_\_\_

**Parent/Guardian signature** \_\_\_\_\_

**The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).**

**Please answer both parts of the following questions on the student's or staff member's ethnicity and race. *United States Federal Register (71 FR 44866)***

☐ **Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

☐ **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 a tribal affiliation or community attachment.

☐ **Black or African American** - A person having origins in any of the black racial groups of Africa.

☐ **White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Texas Education Agency – March 2009**

**Nueces Canyon CISD Parent & Student Handbook**

**Please check the lines below accordingly and sign and return to your child's school.**

\_\_\_\_\_ **I do agree with corporal punishment for my child.**

\_\_\_\_\_ **I do not agree with corporal punishment for my child.**

\_\_\_\_\_ **I want to be contacted If corporal punishment is necessary.**

\_\_\_\_\_  
**Student's Name**

\_\_\_\_\_  
**Parent/Guardian Signature**

## ACKNOWLEDGMENT

### *Student Code of Conduct Electronic Distribution*

Dear Student and Parent:

As required by state law, the board of trustees has officially adopted the Student Code of Conduct in order to promote a safe and orderly learning environment for every student.

We urge you to read this publication thoroughly and to discuss it with your family. If you have any questions about the required conduct and consequences for misconduct, we encourage you to ask for an explanation from the student's teacher or appropriate campus administrator.

The student and parent should each sign this page in the space provided below, and then return the page to the student's school.

Thank you.

Kristi Powers, Superintendent

I understand that the Code of Conduct is available electronically through the school website at [www.ncoisd.net](http://www.ncoisd.net).

### ***PAPER COPIES OF THIS DOCUMENT AVAILABLE UPON REQUEST***

Print name of student: \_\_\_\_\_

Signature of student: \_\_\_\_\_

Print name of parent: \_\_\_\_\_

Signature of parent: \_\_\_\_\_

Date: \_\_\_\_\_

School: \_\_\_\_\_

Grade level: \_\_\_\_\_

Please sign this page, remove it, and return it to the student's school. Thank you.

**APPENDIX II:  
Acknowledgment of Electronic Distribution of  
Student Handbook**

My child and I have been offered the option to receive a paper copy of or to electronically access at [www.nccisd.net](http://www.nccisd.net) the Nueces Canyon CISD Handbook and the Student Code of Conduct for the year. 2008-2009.

I accept responsibility for accessing the Student Handbook and the Student Code of Conduct by visiting the web address listed above.

I understand that the handbook contains information that my child and I may need during the school year and that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the Student Code of Conduct. If I have any questions regarding this handbook or the Code of Conduct, I should direct those questions to the principal.

Printed name of student: \_\_\_\_\_

Signature of student: \_\_\_\_\_

Signature of parent: \_\_\_\_\_

Date: \_\_\_\_\_

**PAPER COPIES OF THE HANDBOOK AND CODE OF CONDUCT ARE  
AVAILABLE UPON REQUEST.**



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### **Drug Testing Consent Form**

I am the parent or legal guardian of \_\_\_\_\_, a minor student enrolled in the Nueces Canyon CISD (NCCISD).

We understand that it is the policy of the district to conduct substance abuse testing for the drugs and alcohol. By our signature below, we agree to participate in the NCCISD drug-testing program as a condition of eligibility to participate in school-sponsored extracurricular activities and to park on or within 300 feet of school property.

We understand that either the parent/guardian's or the student's decision not to sign this form will result in the removal of the privileges of participating in the school-sponsored extracurricular activities and of parking on or within 300 feet of school property. If we are unclear about any aspect of the drug testing policy and program, it is our individual responsibility to contact the principal or the superintendent for clarification.

We understand that the district cannot compel the student to give a biological specimen. We understand that if a specimen is given, it will be tested for drugs and alcohol in accordance with district policy. We have been provided an opportunity to participate in a meeting at which the drug testing policy was fully explained and have received a copy of the policy. We understand that participation in school-sponsored extracurricular activities and being permitted to park on or within 300 feet of school property is conditioned on participation in the drug-testing program.

We understand that if my child's use of illegal or unauthorized drugs is confirmed, the district will impose sanctions, including:

1. restricting my child's ability to participate in school-sponsored extracurricular activities;
2. restricting my child's ability to park on or within 300 feet of school property;
3. requiring enrollment in drug education, counseling, or rehabilitation programs;
4. requiring additional substance abuse testing; and
5. disqualifying my child from participation in school-sponsored extracurricular activities for the remainder of his or her secondary school career in NCCISD.

I authorize NCCISD and NSA San Antonio (formerly known as Anti-Drug Consultants) and their agents to communicate information for official purposes to implement the school's policy.

\_\_\_\_\_  
Student Name(Printed)      Date

\_\_\_\_\_  
Parent/Guardian Name(Printed)      Date

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

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

\_\_\_\_\_  
Student Social Security Number

## FAMILY SURVEY

Dear Parents,

In order to better serve your children the Nueces Canyon 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.

Para mejorar los servicios educativos de sus hijos, el distrito escolar de Nueces Canyon quisiera identificar estudiantes que puedan calificar para recibir servicios educativos adicionales. Toda la informacion proporcionada sera mantenida confidencial. Favor de responder a las siguientes preguntas y devolver esta forma a la escuela de su nino/a.

1. Have you moved within the last 3 years? \_\_\_\_\_YES \_\_\_\_\_NO  
Ha cambiado de residencia usted o alguien en su familia dentro de los ultimos tres anos? \_\_\_\_Si  
\_\_\_\_NO
  
2. If yes, have you done agricultural or fishing related work since you move?(e.g. field work, canneries, lumbering, dairy work, meat processing) \_\_\_\_\_YES \_\_\_\_\_NO  
Si usted contest "si" en la pregunta anterior, Ha trabajado usted en la agricultura o en la pesca? (por ejemplo, la labor, fabrica de conservas, explotacion de bosques, trabajo en la lecheria, el proceso de carne) \_\_\_\_\_SI \_\_\_\_\_NO

If you answered "yes" to both of the questions above an education representative may contact you to find out whether your child is eligible for additional educational services. Please provide the following information.

Si usted contest "Si" en las dos preguntas anteriores, un representante de distrito escolar quizas se vaya a comunicar con usted para averiguar si su nino/a califica para servicios educativos adicionales. Favor de completar la siguiente informacion.

Name of child/s

Nombre de su Nino/a \_\_\_\_\_ age/edad \_\_\_\_\_ grade/gr \_\_\_\_\_

\_\_\_\_\_ age/edad \_\_\_\_\_ grade/grado \_\_\_\_\_

\_\_\_\_\_ age/edad \_\_\_\_\_ grade/grado \_\_\_\_\_

\_\_\_\_\_ age/edad \_\_\_\_\_ grade/grado \_\_\_\_\_

Name of Parent/Guardian:

Nombre de Padre/Guardian: \_\_\_\_\_

Phone Number

Numero de telefono \_\_\_\_\_

## HOME LANGUAGE SURVEY

Name of student: \_\_\_\_\_

Name of School: \_\_\_\_\_

Grade Level: \_\_\_\_\_

1. What language is spoken in your home most of the time? \_\_\_\_\_  
(only one language)

2. What language does your child speak most of the time? \_\_\_\_\_  
(only one language)

3. If your child moved here from another country within the last three years,  
what year did he/she enter the United States?

\_\_\_\_\_  
Month

\_\_\_\_\_  
Year

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Entry Date  
(First day student attends class)

## ESTUDIO DE LENGUAJE DEL HOGAR

Nombre del estudiante: \_\_\_\_\_

Nombre de la escuela: \_\_\_\_\_

Grado: \_\_\_\_\_

1. Que idioma se habla en su hogar la mayor parte del tiempo? \_\_\_\_\_  
(solo un idioma)

2. Que idioma habla su hijo/hija la mayor parte del tiempo? \_\_\_\_\_  
(solo un idioma)

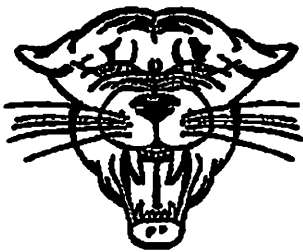
3. Si su hijo/hija, llego de otro pais durante los ultimos tres anos. En que ano  
entro el a los Estados Unidos?

\_\_\_\_\_  
Mes

\_\_\_\_\_  
Año

\_\_\_\_\_  
Firma del Padres

\_\_\_\_\_  
Fecha de Entrada



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Health Office Phone: 830.597.8155

Fax: 830.597.6197

### Student Health Information

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Entering Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Best Phone to be Reached: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Phone: Cell) \_\_\_\_\_ Work) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Phone: Cell) \_\_\_\_\_ Work) \_\_\_\_\_

Child lives with \_\_\_\_\_ Parents Marital Status \_\_\_\_\_

Step-Parent: \_\_\_\_\_ Phone: \_\_\_\_\_

Step-Parent: \_\_\_\_\_ Phone: \_\_\_\_\_

In order to protect your child, please give the Name and Phone Number of a relative/friend with whom we may call or leave your child with if we are unable to locate a parent/guardian. (List at least 2)

1. \_\_\_\_\_ Phone: \_\_\_\_\_ 2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_ 4. \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any allergies? (other than mild seasonal) Yes or No

Please list: \_\_\_\_\_

Type of Reaction: \_\_\_\_\_

Date of Last Reaction: \_\_\_\_\_

Does your child wear Glasses? Yes or N

Have there been any significant changes in your child's health over the last year? Explain: \_\_\_\_\_

A student who must take a PRESCRIPTION or OVER-THE-COUNTER medication during the school day MUST BRING a AUTHORIZATION FOR MEDICATION ADMINISTRATION form (which can be found on our school website) filled out by the parent and/or physician AND the medication in its properly labeled bottle to the school nurse. Our medication administration guidelines are in accordance with Section 222.052 of the Education Code.

Are there any limitations on your child's activities at school? If so, they must be listed below and an annual dated note from the child's physician should state the reason, the restriction, what is permitted and the length of time this is to be in effect: \_\_\_\_\_

List all prescription, over-the-counter, and herbal medications that your child takes regularly:

Name of Medicine

Taken for

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If yes is checked on any of the following areas, please describe in the comments sections. Include: (1) Medications Prescribed (2) Dr. treating this condition (3) Approx. date of Diagnosis (4) Necessary Treatment or Monitoring in School (5) Special Medical Equipment Needed in School (nebulizer, oxygen use, wheelchair, etc.) and any other information regarding this health issue.

Condition	Yes	No	Comments
Attention Deficit/Hyperactive Disorder			
Asthma/Respiratory			
Diabetes			
Previous Head Injuries			
Seizures/Neurological Issues			Type & Date of last episode:
Headaches/Migraines			
Heart/Blood			
Muscles/Bones/Joints/Skin			
Bladder/Kidney problems			
Stomach/Intestines/Bowels			
Immune Problems			
Hearing Concerns			Hearing aides? Preferential Seating? Tubes?
Vision Concerns			Glasses? Yes or No
Dental Concerns			
Growth & Nutritional Deficiencies			
Developmental Concerns			
Emotional/Behavioral Issues			
Other Health Concerns			

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

This information will become part of your child's permanent school record. If for any reason you do not wish to respond to part(s) of this form you are under no obligation to do so. No assumptions regarding incompleteness will be made. However, we cannot be responsible for omissions which could result in injury or illness to your child.

**2017-2018 Prototype Household Application for Free and Reduced Price School Meals**  
complete one application per household. Please use a pen (not a pencil).

**Apply online:**

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

## STEP 1

For 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."

**Children in foster care and  
children who meet the  
definition of Homeless,  
Migrant or Runaway are  
eligible for free meals. Read  
How to Apply for Free and  
Reduced Price School  
Meals for more information.**

[illegible]

## STEP 2

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIA?

NO ☐ Go to STEP 3

IF YES ☐ Write a case number here then go to STEP 4. (Do not complete STEP 3)

Case Number:

While 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**  
Some/much children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

	How often?			
	Weekly	Every day	Sometimes	Rarely
Child likes cars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**B. All Adult Household Members (including yourself)**  
 List all household members included in STEP 1 (including yourself), even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each calendar year on which the person was a resident of the household. If they do not receive income from any source, write "0." If you enter "0" or leave any field blank, you are certifying (promising) that there is no income to report for each calendar year on which the person was a resident of the household.

Name of Adult Household Member (First and Last)	How often?				Priced Estimated Child Support/Alimony	How often?				Professional/Manager/Other Income	How often?			
	Monthly	Quarterly	Semi-annually	Yearly		Weekly	Bi-weekly	2x/Month	Monthly		Weekly	Bi-weekly	2x/Month	Monthly
	\$				\$				\$					
	\$				\$				\$					
	\$				\$				\$					
	\$				\$				\$					
	\$				\$				\$					
	\$				\$				\$					
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 ☐

Print Name of Child Support/Alimony Recipient

First Name Last Name

First Name Last Name

## STEP 4

**Contact Information and adult signature:** MAIL COMPLETED FOR/ TO YOUR SCHOOL AT

I can't (pretend) that an attestation on the application is true and that all income is reported. I understand that if it is fraudulent it is given in conjunction with the receipt of Federal funds, and that school officials may verify (except the information I am stating that I purposefully gave false information, my children may have moral beliefs, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available)	Apartment	City	State	Zip	Daytime Phone and Email (optional)
Printed name of adult signing the form			Signature of adult		Today's date

# INSTRUCTIONS Sources of Income

Sources of Income for Children	
Sources of Child Income	Example(s)
Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
Social Security - Disability Payments - Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A parent is disabled, retired, or deceased, and their child receives Social Security benefits
Income from person outside the household	- A friend or extended family member regularly gives a child spending money
Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
<ul style="list-style-type: none"> <li>Salary, wages, cash bonuses</li> <li>Net income from self-employment (farm or business)</li> </ul> If you are in the U.S. Military: <ul style="list-style-type: none"> <li>Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</li> <li>Allowances for off-base housing, food and clothing</li> </ul>	<ul style="list-style-type: none"> <li>Unemployment benefits</li> <li>Worker's compensation</li> <li>Supplemental Security Income (SSI)</li> <li>Cash assistance from State or local government</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veteran's benefits</li> <li>Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>Social Security (including railroad retirement and black lung benefits)</li> <li>Private pensions or disability benefits</li> <li>Regular income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>

## OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

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.

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

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

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

fax: (202) 690-7442; or  
email: [programs.intake@usda.gov](mailto:programs.intake@usda.gov)

This institution is an equal opportunity provider.

\*Only use this address if you are filing a complaint of discrimination

## Do not fill out For School Use Only

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

Total Income	How often? Weekly <input type="radio"/> Bi-weekly <input type="radio"/> 2x Month <input type="radio"/> Monthly <input type="radio"/>	Household Size	Categorical Eligibility <input type="checkbox"/>	Eligibility: Full <input type="radio"/> Partial <input type="radio"/> Limited <input type="radio"/>
Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Signature