

# ENROLLMENT/RE-ENROLLMENT CHECKLIST

There are several registration forms to be completed prior to the beginning of the 23-24 school year. Below, please find a checklist to facilitate the completion of these forms. **All forms are available on the school's website: [www.stcoletta.org/school-program/](http://www.stcoletta.org/school-program/).**

## FOR PARENT SIGNATURE

- \_\_\_\_\_ **Emergency Care Form** (3 page form – please complete fully)
- \_\_\_\_\_ **Community Outings Permissions** (CBI permission– all students; CBT permission– students ages 14 to 22)
- \_\_\_\_\_ **Parent-School Compact** for 2023-2024
- \_\_\_\_\_ **Photographic Release Form** (required for NEW students; Returning students- complete if you wish to change your student's current permission level)
- \_\_\_\_\_ **Free and Reduced Lunch Form**
- \_\_\_\_\_ **Parent Handbook/School Policies Receipt**

## MEDICAL FORMS

(REQUIRE PARENT/GUARDIAN AND PROVIDER SIGNATURE)

- \_\_\_\_\_ **Oral Health Care Certificate**
- \_\_\_\_\_ **DC Child Health Certificate & Immunization Record**
- \_\_\_\_\_ **Medication and Medical Procedure Treatment Plan** (*Required for students with medications and/or medical procedures administered during the course of the school day*)
- \_\_\_\_\_ **Authorizations Feeding Tube Procedure** (*Required if your student will need a g-tube feeding while at school*)



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**ST. COLETTA OF GREATER WASHINGTON, INC.  
EMERGENCY CARE INFORMATION  
2023-2024**

**Student's Legal Name:** \_\_\_\_\_  
Last First Middle

**Address:** \_\_\_\_\_  
Street city state zip code

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Country of Birth:** \_\_\_\_\_ **Gender:** ☐ M ☐ F ☐ X **Race (Optional):** \_\_\_\_\_

**Language Spoken at Home:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Parent/Guardians' preferred language of communication:** \_\_\_\_\_

**Parent/Guardian 1 Name:** \_\_\_\_\_  
Last First

**Address (if different than above):** \_\_\_\_\_

**Occupation/Employer:** \_\_\_\_\_

**Telephone:** (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

**Parent/Guardian 2 Name:** \_\_\_\_\_  
Last First

**Address (if different than above):** \_\_\_\_\_

**Occupation/Employer:** \_\_\_\_\_

**Telephone:** (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

**EMERGENCY CONTACTS:** In the event a parent/guardian cannot be reached, please give the name and phone number of two persons who could pick up and take your child home in a timely manner.

1) \_\_\_\_\_  
Name Relationship Phone Number(s)

2) \_\_\_\_\_  
Name Relationship Phone Number(s)

I agree to pick up my sick or injured child in a timely manner when contacted. If I cannot be reached, the above emergency contacts can be called to pick up my child. Additionally, if I cannot be contacted in an emergency, the school has my permission to take my child to the emergency room of the nearest hospital and I hereby authorize its medical staff to provide treatment that a physician deems necessary for the well-being of my child.

Signature of Parent/Guardian

Date



### ADDITIONAL INFORMATION

Student Name: \_\_\_\_\_

_____ <b>Name of Insurance Company</b>	_____ <b>Name of Physician</b>
_____ <b>Policy/Group/Employee Number</b>	_____ <b>Physician Telephone Number</b>
<b>HMO Number (if applicable):</b> _____ <b>Medicaid ID# (if applicable):</b> _____	

### MEDICAL INFORMATION

My child's last Tetanus (TD, dT, DTaP) shot was given on the following date: \_\_\_\_\_

My child has allergies to drug(s)/foods/other: ☐ Yes ☐ No      If yes, what is your child allergic to? Please  
list each item: \_\_\_\_\_  
\_\_\_\_\_

If you listed allergies please explain your child's allergic reaction to each item you listed; for example, skin rash: \_\_\_\_\_

My child has asthma: ☐ Yes ☐ No      If yes, what medication is used to treat the asthma? \_\_\_\_\_

My child has seizures: ☐ Yes ☐ No      If yes, please explain your child's seizure characteristics and medications used to control the seizures: \_\_\_\_\_  
\_\_\_\_\_

Please list all medical conditions your child has been diagnosed with and any important information that our staff and medical personnel must know about these medical conditions: \_\_\_\_\_  
\_\_\_\_\_

Does your child take any medications: ☐ Yes ☐ No      If yes, please complete the following for each medication your child takes (continues to NEXT PAGE).

<u>Medication Name</u>	<u>Dosage Given</u>	<u>How Often Given</u>	<u>Reason Medication Given</u>



Student Name: \_\_\_\_\_

<u>Medication Name</u>	<u>Dosage Given</u>	<u>How Often Given</u>	<u>Reason Medication Given</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

My child will need to take the following medication(s) at school: \_\_\_\_\_

\_\_\_\_\_. (You must have your child’s physician complete the Permission for Medication Form for any medication that will be taken at school, to include over-the-counter medications. This form can be found in your school form packet).





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## PARTICIPATION IN COMMUNITY OUTINGS rev. 5/2023

Student name: \_\_\_\_\_

### **COMMUNITY BASED INSTRUCTION (ALL students)**

Community based instruction is an integral part of the curriculum at St. Coletta. Students frequently go for walks, go to the park, or go grocery shopping. When students travel beyond the Capitol Hill neighborhood, a specific permission slip will be sent to the home. On this form, we request your permission for your student's participation in the routine outings that are part of the instructional program.

**Modes of travel may include:** Metro, bus, school van, walking

**When:** During school hours

*Please sign and date for permission for your child to participate in the community based instruction during the 2023-2024 school year. By signing below, you give St. Coletta permission to take the above student to the nearest hospital in the event you or an emergency contact cannot be reached in an emergency.*

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
date

### **CAREER-BASED TRAINING (14 years and older)** rev. 6/2022

Career-based training is a primary focus on a student's transition plan within their IEP. I understand that to participate in the Career-Based Training Program my child will:

- Travel to and from various training sites.
- Travel to and from various destinations in the community for travel training purposes.
- Participate in the tasks necessary to train at each site.
- Use all forms of public and private transportation.
- Eat lunch in areas, which are in route to or within walking distance of their destinations.
- Be accompanied by a staff member.
- Participate in the tasks necessary to train at each site (including in-house sites and Coletta Collections production)

*Please sign and date for permission for your child to participate in the Career-Based Training Program during the 2023-2024 school year.*

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
date



**School-Parent/Guardian Compact** **(SCHOOL COPY)**

**St. Coletta School** and the parents/guardians of the students participating in activities, services, and programs funded by Title I, Part A of the Elementary and Secondary Education Act (ESEA) agree that this compact outlines how the responsibility for improved student achievement will be shared by all parties to build and develop a partnership that will help the students achieve.

This school-parent compact is in effect during the 2023-2024 school year.

**School/Teacher Responsibilities**

St. Coletta School will:

- 1. Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables the participating students to achieve in the school setting as follows:**
  - a. Provide specialized instruction and related services to all students in accordance with their Individualized Education Program (IEP) document.
  - b. Provide parents opportunities to discuss their child's achievement through participation in annual IEP meetings, mid-year parent-teacher conferences, scheduled observations and trainings pertinent to instructional activities for carryover between home and school.
  - c. Provide comprehensive staff development training in the area of education to promote school-wide student achievement and IEP goal progress.
- 2. Communicate with parents/guardians as follows:**
  - a. Provide written communication regarding the educational program, FLS curriculum, and teaching strategies utilized through school newsletters, the parent handbook, and Open House events.
  - b. Provide quarterly student progress reports and results of statewide testing, as appropriate.
  - c. Provide classroom specific information and via the home-school online communication system.
  - d. Contact parent/guardian via phone as needed to discuss student programming, inform of upcoming events, and relay other pertinent student information.
  - e. Include updated school information and showcase school-wide activities on social media platforms.
- 3. Monitor and track student attendance.**
  - a. The school will provide information on attendance and truancy guidelines.
  - b. Attendance calls will be made when a student is absent.
  - c. The school will contact parents to discuss attendance concerns and provide information on relevant resources.
- 4. Provide parents/guardians opportunities for involvement in their child's achievement**
  - a. Parent/teacher trainings provided by the classroom teacher and/or therapists focused on specific student skills included on their IEP.
  - b. Parent trainings provided by special education teachers, therapists, and specialists on topics such as communication, behavior management, and transition planning.
  - c. Opportunities to provide input for IEPs and attend mid-year parent teacher conferences.

**Parent/Guardian Responsibilities**

**We, as parents/guardians, will support our children's learning in the following ways:**

- 1. Promote my child's educational progress by:**
  - a. Being an active participant in the development of my child's IEP.
  - b. Attending and participating in IEP and eligibility meetings.
  - c. Participating in mid-year parent conferences or other meetings scheduled to discuss my child's progress.
  - d. Participating in at least one Parent Training
- 2. Regularly communicate with school in such areas as:**
  - a. Completion of necessary school documents and permission forms so that my child can fully participate in their educational program.
  - b. Inform the school and classroom teacher of any attendance issues and provide documentation as needed.
  - c. Include important information pertinent to my child for the school day through the online home-school communication system.
  - d. Parent will inform school of circumstances that may impact the child's day-to-day functioning in the school program.
- 3. Ensure that my child attends school.**
  - a. I will communicate my child's absence by calling the school attendance line and provide excuses to the school in writing
  - b. I will provide documentation supporting my child's absences to the school
  - c. I will make efforts to schedule doctor and therapy appointments outside of my child's instructional hours
- 4. Be involved in school-wide events, training opportunities offered by the school and any other parent involvement opportunities, as much as possible.**

\_\_\_\_\_  
Signature of School Representative/Teacher

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**\*\*\*Return this copy to the school and retain the version titled "Parent Copy" for your records.**

**School-Parent/Guardian Compact (PARENT COPY)**

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  - c. Provide comprehensive staff development training in the area of education to promote school-wide student achievement and IEP goal progress.
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  - a. Provide written communication regarding the educational program, FLS curriculum, and teaching strategies utilized through school newsletters, the parent handbook, and Open House events.
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  - c. Provide classroom specific information and via the home-school online communication system.
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  - a. The school will provide information on attendance and truancy guidelines.
  - b. Attendance calls will be made when a student is absent.
  - c. The school will contact parents to discuss attendance concerns and provide information on relevant resources.
- 4. Provide parents/guardians opportunities for involvement in their child's achievement**
  - a. Parent/teacher trainings provided by the classroom teacher and/or therapists focused on specific student skills included on their IEP.
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  - b. Inform the school and classroom teacher of any attendance issues and provide documentation as needed.
  - c. Include important information pertinent to my child for the school day through the home-school communication system.
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  - b. I will provide documentation supporting my child's absences to the school
  - c. I will make efforts to schedule doctor and therapy appointments outside of my child's instructional hours
- 4. Be involved in school-wide events, training opportunities offered by the school and any other parent involvement opportunities, as much as possible.**

**\*\*\*Parent/Guardian- keep this copy for your records. The version titled "School Copy" should be returned to the school with the rest of the Back to School documents.**



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### VIDEO/PHOTOGRAPHIC PERMISSION

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

Throughout the school year, photographs may be taken, or videotapes made, of students at school. These photos may be used on social media platforms, brochures, newsletters, or other media/print sources to highlight our school program. By selecting "Yes" below, a parent/guardian grants St. Coletta permission to share pictures/videos of their student for **publicity purposes**. Parents/Guardians may indicate that they do not wish for their student's photo to be used for publicity purposes by selecting "No" from the options below (*note: photos will continue to be used for classroom purposes*). If you do not want your child to be photographed or videoed for any reason, please contact Catherine Decker, Director of Admissions at (202)350-8680 ext. 1002.

**Note:** This form will remain on file with school and **will no longer be required annually**. Parents/Guardians may, however, change the level of permission simply by requesting another copy of this form.

Please indicate level of consent by selecting one option below:

☐ **YES** -- I do give my permission for my child to be photographed or videotaped for *publicity purposes* and to provide his/her first name.

☐ **NO** -- I do not give my permission for my child to be photographed or videotaped for *publicity purposes*.

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

\_\_\_\_\_  
Date

\* Please be advised that parents desire to take pictures/videos during special holiday or other performances. Additionally, students take a class photo each school year on our scheduled Picture Day. If you do not want your child's photograph or video taken in either circumstance, let your teacher know that you do not want your child to participate. It is reasonable to expect that parents/guardians want pictures/videos of their children performing in special activities and many students/families enjoy receiving annual class photos.

Rev: 6/2022





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# INSTRUCTIONS FOR APPLYING

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

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), TEMPORARY ASSISTANCE FOR NEEDY FAMILIES, OR THE FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS [FDPIRJ, FOLLOW THESE INSTRUCTIONS:

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

Part 2: List the case number for any household member (including adults) receiving SNAP, TANF or FDPIR benefits.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. The last four digits of a Social Security Number are not necessary.

Part 6: Answer this question if you choose to.

IF NO ONE IN YOUR HOUSEHOLD GETS STATE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (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 name of school for each child.

Part 2: Skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your child's school.

Part 4: Complete only if a child in your household isn't eligible under Part 3. See instructions for All Other Households.

Part 5: Sign the form. The last four digits of a Social Security Number are not necessary if you didn't need to fill in Part 4.

Part 6: Answer this question if you choose to.

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

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If 2 or more children in the household are foster children:

Part 1: List all foster children and the school name for each child. Check the box indicating the child is a foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. The last four digits of a Social Security Number are not necessary.

Part 6: Answer this question if you choose to.

If some of the children in the household are foster children:

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 box if the child is a foster child.

Part 2: If the household does not have a case number, skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your child's school. If not, 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), 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 5: 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 6: Answer this question, if you choose.

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

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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 the household does not have a case number, skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your child's school. If not, 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), 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 5: 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 6: Answer this question if you choose.

## **FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION**

### **PART 1: ALL HOUSEHOLD MEMBERS**

Names of all household members (first, middle initial, last)	name of school for each child indicate N/A if child is not in school	check if a foster child (legal responsibility of welfare agency or court) *if all children listed below are foster children, skip to PART 5 to sign this form	Check if NO INCOME
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

### **PART 2: BENEFITS**

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES [SNAP], [FDPIR] OR [TANF Cash Assistance] PROVIDE THE NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVED BENEFITS AND **SKIP TO PART 5. IF NO ONE RECEIVED THESE BENEFITS, SKIP TO PART 3.**

NAME:

CASE NUMBER:

**PART 3:** IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY CHECK THE APPROPRIATE BOX AND CALL YOU CHILD'S SCHOOL

HOMELESS ☐      MIGRANT ☐      RUNAWAY ☐

### **PART 4: TOTAL HOUSEHOLD GROSS INCOME** You must tell us how much and how often

1.NAME (list only 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
(example) Jane Smith	\$199.99 /weekly	\$149.99/ every other week	\$99.99/monthly	\$50.00/monthly

**PART 5: SIGNATURE AND LAST FOUR DIGITS OF 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 the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (see statement on next page)

*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 official 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.*

Sign here:

Print name:

Date:

Address:

phone number:

City:

state:

zip code:

last four digits of Social Security Number: \*\*\*-\*\*-\_\_\_\_\_

☐

I do not have a Social Security Number

**PART 6: CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)**

Choose one ethnicity:

☐

Hispanic/Latino

☐

Not Hispanic/Latino

Choose one or more (regardless of ethnicity)

☐

Asian

☐

American Indian or Alaska Native

☐

Black or African American

☐

White

☐

Native Hawaiian or Other Pacific Islander

**DO NOT 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:

Eligibility: Free

☐

Reduced

☐

Denied

☐

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 found at this website: <http://www.fns.usda.gov/cnd/governance>

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."