

# NEW STUDENT ENROLLMENT

*"WELCOME TO GORE PUBLIC SCHOOLS"*

Students desiring to enroll in the Gore Public Schools system must be accompanied by a legal parent or legal guardian. Only legal custodial parent may enroll a student.

Legal guardianship requires court certified documentation.

Parent or legal guardian will be asked to show photo identification.

Proof of citizenship (USA) may be required.

## AGE REQUIREMENTS

Pre-Kindergarten – 4 years of age on or before September 1st of the current school year.

GPS will take the first 20 in district resident applications for PreK.

A student applying after capacity is met or out of district will be placed on a waiting list.

Kindergarten – 5 years of age on or before September 1<sup>st</sup> of the current school year.

First Grade – must be 6 years of age on or before September 1<sup>st</sup> of the current school year.

## DOCUMENTS REQUIRED TO ENROLL YOUR CHILD

### Verification of Residency

1) Sequoyah County Assessor's Office printout of address

OR

Filed Homestead Exemption form

OR

2) One of the following with legal parent or legal guardian's name listed:

copy of utility bill, phone bill, rent receipt, lease agreement or driver's license with physical address

– PO Box is not acceptable

### Birth Certificate (no hospital footprints, please)

Students enrolling in Gore Public School must use their legal name as listed on the birth certificate. Using a name other than the one shown on the birth certificate requires legal documentation as proof of change.

### Immunization Record

All series must be completed or up-to-date

Age Levels	Required Number of Doses					
<u>Lower Elementary</u> Grades P4-5	5 DTP	4 Polio	3 Hepatitis B	2 MMR	2 Hepatitis A	1 Varicella (Chicken Pox)
<u>Upper Elementary</u> Grade 6	5 DTP	4 Polio	3 Hepatitis B	2 MMR	2 Hepatitis A	1 Varicella (Chicken Pox)
Grades 7 & 8	5 DTP (Min.)	4 Polio (Min.)	2 or 3 Hepatitis B	2 MMR	2 Hepatitis A	1 Tdap
<u>High School</u> Grades 9-12	3 DTP	3 Polio	2 or 3 Hepatitis B	2 MMR	2 Hepatitis A	

### Social Security Card

### CDIB/Blue Tribal Membership Card (if applicable)

### Withdrawal Form, Final Report Card, Progress Report Card

### Transcript

High School Students must provide a transcript from previous school

**GORE PUBLIC SCHOOLS  
STUDENT ENROLLMENT INFORMATION**

2022-2023

Full Legal Name _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> <span>First</span> <span>Middle</span> <span>Last</span> </div>			Entry Date _____																																				
Date of Birth _____			Grade _____																																				
Place of Birth _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> <span>City</span> <span>State</span> <span>Country</span> </div>			Has student been retained: Yes    No    Grade _____																																				
<table border="0" style="width:100%; font-size: x-small;"> <tr> <td style="width: 33%;">Gender:</td> <td style="width: 33%;">Race:</td> <td style="width: 34%;">Student has participated in the following programs:</td> </tr> <tr> <td><input type="checkbox"/> Male</td> <td><input type="checkbox"/> Hispanic</td> <td><input type="checkbox"/> Special Education</td> </tr> <tr> <td><input type="checkbox"/> Female</td> <td><input type="checkbox"/> American Indian or Alaskan Native</td> <td>  Disability _____</td> </tr> <tr> <td colspan="3"><hr/></td> </tr> <tr> <td>Certificate Degree of Indian Blood (CDIB) Card</td> <td><input type="checkbox"/> Asian</td> <td><input type="checkbox"/> SPED Resource Lab/Class</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> Black African American</td> <td><input type="checkbox"/> Speech Therapy</td> </tr> <tr> <td>  Tribe _____</td> <td><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</td> <td><input type="checkbox"/> Remedial Classes</td> </tr> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> White</td> <td><input type="checkbox"/> Gifted &amp; Talented Program</td> </tr> <tr> <td colspan="3"><hr/></td> </tr> <tr> <td>Resident of UMBR Circle of Care:</td> <td><input type="checkbox"/> Two or More Races (Non-Hispanic)</td> <td><input type="checkbox"/> Johnson O'Malley (JOM) Program</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td></td> <td><input type="checkbox"/> National Honor Society</td> </tr> <tr> <td><input type="checkbox"/> No</td> <td></td> <td></td> </tr> </table>			Gender:	Race:	Student has participated in the following programs:	<input type="checkbox"/> Male	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Special Education	<input type="checkbox"/> Female	<input type="checkbox"/> American Indian or Alaskan Native	Disability _____	<hr/>			Certificate Degree of Indian Blood (CDIB) Card	<input type="checkbox"/> Asian	<input type="checkbox"/> SPED Resource Lab/Class	<input type="checkbox"/> Yes	<input type="checkbox"/> Black African American	<input type="checkbox"/> Speech Therapy	Tribe _____	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Remedial Classes	<input type="checkbox"/> No	<input type="checkbox"/> White	<input type="checkbox"/> Gifted & Talented Program	<hr/>			Resident of UMBR Circle of Care:	<input type="checkbox"/> Two or More Races (Non-Hispanic)	<input type="checkbox"/> Johnson O'Malley (JOM) Program	<input type="checkbox"/> Yes		<input type="checkbox"/> National Honor Society	<input type="checkbox"/> No			
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**LEGAL PARENT/LEGAL GUARDIAN INFORMATION**

Legal Parent/Legal Guardian #1 (Primary Contact)	Legal Parent/Legal Guardian #2 (Secondary Contact)
Name _____	Name _____
Physical Address _____	Physical Address _____
City/State/Zip _____	City/State/Zip _____
Relationship to Student _____	Relationship to Student _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Email Address _____	Email Address _____
Employer _____	Employer _____
Work Phone _____	Work Phone _____

- I hereby certify to the following (check all that apply):
- I am the custodial parent documented with birth certificate and/or court issued documentation naming me as the custodial parent/guardian (documentation attached),
  - Student lives at the home of the custodial parent or legal (court appointed) guardian.
  - We are legal residents of Gore School District with documentation provided (utility bill provided),
  - OR We have received a legal transfer from \_\_\_\_\_ School District.

The information given above is true and correct to the best of my knowledge.

Signature of legal parent or legal guardian \_\_\_\_\_

**PREVIOUS SCHOOL ATTENDED (List most recent)**

Last School Attended _____	Did student complete withdrawal from school?
Address _____	Yes                      No
City/State/Zip _____	Is student currently under suspension from former school?
School Phone _____	Yes                      No
	If Yes, give dates of suspension _____

As the legal parent or legal guardian, I am selecting the following curriculum for my student:

- State Graduation Requirements
- College Preparatory Curriculum in SB 982
- Gifted High School Academic Honors Curriculum

### EMERGENCY INFORMATION

If the legal parent/legal guardian of student cannot be reached, the following person is the next emergency contact:

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Contact Phone# \_\_\_\_\_

### RELEASE INFORMATION

Please list ONLY the people AUTHORIZED to check your student out of school. Photo identification will be required. Any changes to this list must be submitted in writing by the legal parent/legal guardian.

NAME	RELATIONSHIP TO STUDENT	CONTACT #

### MEDICAL INFORMATION.

I, the undersigned, do hereby authorize officials of the Gore Public Schools District to contact directly the persons named in this document and do authorize the below listed physician to render such treatment as may be deemed necessary in an emergency for the health of said student. In the event physicians, other persons named in this document or legal parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of the aforesaid student. I will not hold the Gore Public Schools District financially responsible for the emergency care and/or transportation for said student.

Doctor	Contact #

List of medical conditions, allergies or any additional information.

Signature of Legal Parent/Legal Guardian: \_\_\_\_\_

### NOTIFICATION OF NON-DISCLOSURE OF STUDENT INFORMATION

- I as Legal Parent/Legal Guardian DO give permission for my student's photo and/or name to be published in: \_\_\_\_\_ GPS Yearbook \_\_\_\_\_ GPS Website/GPS Facebook \_\_\_\_\_ Local Newspapers
- I as Legal Parent/Legal Guardian DO NOT give permission for my student's photo and/or name to be published in: \_\_\_\_\_ GPS Yearbook \_\_\_\_\_ GPS Website/GPS Facebook \_\_\_\_\_ Local Newspapers

### ACTIVITY/FIELD TRIP PERMISSION

- I as Legal Parent/Legal Guardian DO give permission for my student to travel by school transportation on school activities/trips. I further understand that my student will be held under the guidelines of the Gore Student Handbook and faces disciplinary measures for misconduct. I further consent to emergency medical treatment for my student if necessary.
- I as Legal Parent/Legal Guardian DO NOT give permission for my student to travel by school transportation on school activities/trips.

### STUDENT LOCKERS

- I as Legal Parent/Legal Guardian acknowledge and understand that:
- Student lockers are the property of the Gore Public Schools District.
  - Student lockers remain at all times under the control of the Gore Public Schools District.
  - Students are expected to assume full responsibility for their assigned school locker.
  - Gore Public Schools District retains the right to inspect student lockers for any reason at any time without notice, without student consent and without a search warrant.

**STUDENT PARKING AGREEMENT**

I as Legal Parent/Legal Guardian acknowledge and understand that:

- Students are permitted to park on school premises as a matter of privilege, not of right.
- Gore Public Schools retains authority to conduct routine patrols of student parking lots and inspections of the exteriors of student vehicles on school property.
- Gore Public Schools may inspect the interior of a student's vehicle whenever a school authority has reasonable suspicion to believe illegal or unauthorized materials are contained inside the vehicle.
- Such patrols and inspections may be conducted without notice, without student consent and without a search warrant.
- Failure of access to the interior of a student's vehicle upon request of a school official may subject the student to school disciplinary action including, but not limited to, loss of school parking privileges.

**STUDENT HANDBOOK**

"Respect and Responsibility" is the theme that governs the conduct and behavior of Gore Public Schools' students.

In our GPS Handbook you will find information regarding our regulations, educational goals and objectives, curricular activities, clubs and organizations. Also, general discipline policies are listed.

By signing below you as Legal Parent/Legal Guardian are acknowledging and agreeing that your student will to abide by all GPS regulations as outlined in GPS Handbook.

All above information will be valid for the duration of my student's attendance at Gore Public Schools unless written notification is provided.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

I agree to the following Gore Public School policies available on the District's website at [www.gorepublicschools.org](http://www.gorepublicschools.org):

Wireless Telecommunication Devices

Internet Acceptable Use

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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

# GORE PUBLIC SCHOOLS TITLE PROGRAMS COMPACT

Compacts are voluntary agreements between families and schools. Gore Public School's philosophy is that families, students and school staff should work in partnership to help each student reach his/her potential. As partners we agree to the following:

As a Student I will:

- Believe that I can learn and will learn.
- Read for at least 30 minutes five days a week.
- Come to class on time, ready to learn and with assignments completed.
- Set aside time every day to complete my homework.
- Know and follow the school and class rules.
- Follow the school's uniform dress code.
- Regularly talk to my parents and my teachers about my progress in school.
- Respect my school, classmates, staff and family.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

As a Legal Parent/Guardian of a Gore Public School student I will:

- Talk to my child regularly about the value of education.
- Communicate with the school when I have a concern.
- Monitor TV viewing and make sure that my child reads every day.
- Make sure that my child attends school every day, on time and with homework completed.
- Support the school's discipline and uniform dress code.
- Monitor my child's progress in school.
- Make every effort to attend school events, such as parent/teacher conferences and open house.
- Ensure that my child gets adequate sleep, regular medical attention and proper nutrition.
- Participate in school, home and community sponsored activities to meet my agreed upon responsibility of 40 hours a year.
- Participate in shared decision making with school staff and other families for the benefit of students.
- Respect the school, students, staff and families.

Legal Parent's/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

As a Teacher I will:

- Provide high quality curriculum and instruction.
- Communicate high expectations for every student.
- Endeavor to motivate my students to learn.
- Teach and involve students in classes that are interesting and challenging.
- Participate in professional development opportunities that improve teaching, learning and support the formation of partnerships with families and the community.
- Enforce rules equitably and involve students in creating a warm and caring learning environment in class.
- Communicate regularly with families about their child's progress in school.
- Provide assistance to families on what they can do to support their child's learning.
- Participate in shared decision making with other school staff and families for the benefit of students.
- Respect the school, students, staff and families.

Teacher signature: \_\_\_\_\_ Date: \_\_\_\_\_

# OSIIS - Authorization to Use or Share Protected Health Information to School or Day Care

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

OSIIS ID #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I hereby authorize the Oklahoma Immunization Service to release my Immunization records and information located within the Oklahoma State Immunization Information System ("OSIIS") to: \_\_\_\_\_  
(Name of Person/Organization Receiving PHI)

The information may be disclosed for the following purpose(s):

to ensure the student meets Oklahoma eligibility requirements for schools/day cares as outlined in Title 70 O.S. § 1210.191 and Oklahoma Administrative Code ("OAC") 310:535-1-2 and OAC 310: 535-1-3

Other: \_\_\_\_\_

I understand that by voluntarily signing this authorization:

- I authorize the use or disclosure of my PHI as described above for the purpose(s) listed.
- I have the right to withdraw permission for the release of my information and revoke this authorization at any time in writing.
- I have the right to receive a copy of this authorization.
- I understand that unless the purpose of this authorization is to determine payment of a claim for benefits, signing this authorization will not affect my eligibility for benefits, treatment, enrollment, or payment of claims.
- I understand I may change this authorization at any time in writing. However, I understand I cannot restrict information that may have already been shared based on this authorization.
- Information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient and may no longer be protected by HIPAA Privacy Regulations.

Unless revoked or otherwise indicated, this authorization's automatic expiration date will be one year from the date of my signature or upon the occurrence of the following event [ e.g., child no longer enrolled in school/day care center] \_\_\_\_\_

\_\_\_\_\_  
Signature of Student or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Description of Legal Representative's Authority

**GORE PUBLIC SCHOOL  
STUDENT'S PLACE OF RESIDENCE**

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

Please provide directions to the place of residence for the above student. If necessary, please draw a map showing the exact location.

Place of residence:

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

Directions to residence:

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

Map to residence:

Please check one of the following:

- Student resides under 1.5 miles from the school site
- Student resides over 1.5 miles from the school site

Parent/Legal Guardian Signature: \_\_\_\_\_

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

**ED 506 Form**  
**Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program**

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

**Student Information**

Name of the Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade level \_\_\_\_\_

Name of School \_\_\_\_\_ School District \_\_\_\_\_

**Tribal Membership**

The individual with Tribal membership is the (select only one):  child  child's parent  child's grandparent

If the individual with Tribal membership is not the child listed above, name the individual (parent/grandparent) with tribal membership: \_\_\_\_\_

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The Tribe or Band is (select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). \_\_\_\_\_

**Attestation Statement**

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

**For Parent/Guardians:**

**Definitions:**

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

**Student Information:** Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

**Tribal Membership:** Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier; the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

**Attestation Statement:** Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

**Paperwork Burden Statement:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335

Apply online at \_\_\_\_\_

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

**Definition of Household Member**—Anyone who is living with you and shares income and expenses, even if not related. 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.

Child's First Name	M I	Child's Last Name	School Name	Grade	Birth Date	Student?	Check all that apply	
						Yes No	Foster Child	Homeless, Migrant, Runaway
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

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

Child Income \$ \_\_\_\_\_

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

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

**STEP 4: Contact information and adult signature**

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member:     
Mail Completed Form to: *Insert Your School District Mailing Address Here*

Check if No SSN

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of federal funds and that school officials may verify (check) the information. I am aware that if I purposely give false information, any children may lose meal benefits and I may be prosecuted under applicable state and federal laws.

Street Address (if available) \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Daytime Phone and E-Mail (Optional) \_\_\_\_\_  
Financial Name of Adult Signing the Form \_\_\_\_\_ Signature of Adult \_\_\_\_\_ Today's Date \_\_\_\_\_

# INSTRUCTIONS Sources of Income

Sources of Child Income	Example(s)
Earnings from work	A child has a regular full- or part-time job where he/she earns 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 his/her child receives social security benefits
Income from persons OUTSIDE the household	A friend or extended family member REGULARLY gives a child spending money A child receives income from a private pension fund, annuity, or trust
Income from any other source	

## 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.

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>MEY income from self-employment (farm or business)</li> <li>If you are in the U.S. Military: 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>

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 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: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

## 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

How Often?

Total Income	Annually	Bi-Weekly	2 x Month	Monthly
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Determining Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

Household Size \_\_\_\_\_

Confirming Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

Categorical Eligibility

Verifying Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

Eligibility:

Free	Reduced	Denied
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## SHARING INFORMATION WITH MEDICAID/SOONERCARE

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Dear Parent/Guardian:

If your children get free or reduced-price school meals, they *MAY* also be able to get free or low-cost health insurance through Medicaid or Sooner Care. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, *the law allows us to tell Medicaid and Sooner Care that your children are eligible for free or reduced-price school meals unless you tell us not to.* Medicaid and Sooner Care only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Application for Free and Reduced-Price School Meals does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or Sooner Care, fill out the form below and send in. (Sending in this form will not change whether your children get free or reduced-price school meals.)

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*No! I DO NOT* want information from my Application for Free and Reduced-Price School Meals shared with Medicaid or Sooner Care.

If you checked *No*, fill out the form below to ensure that your information is *NOT* shared for the child(ren) listed below:

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

For more information, you may call your child's school.

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