

Westbrook High School

156 McVeagh Road
Westbrook, CT 06498
860-399-6214 phone 860-399-2007 fax
whs.westbrookctschools.org

Procedure for New Student Registration

The following must be provided:

- 2 Proofs of Residency (i.e. property tax bill, mortgage statement, rental agreement, a utility bill, etc.) A driver's license is not acceptable. This ensures eligibility to attend Westbrook Schools.
- Physical (blue form) and Immunizations - including completion of the Hepatitis vaccine series
- Birth Certificate or Passport (a copy will be made and the original returned to you)
- An official transcript of grades from the transferring school

The following forms are attached and must be completed:

- Registration Form – two sided
- Signed Residency Form
- Signed Records Release Form
- Internet Agreement with Parent *and* Student Signature
- Medication Administration Forms
- Chromebook Acceptance Agreement & Protection Program
- Registration Questionnaire

-
- ❖ In accordance with state law and Board of Education Policy, a new student **must have a physical exam if:**
 - Coming from outside of Connecticut. Physical must be within the past 12 months.
 - Entering 10th grade.
 - Yearly, if signing up for a sport. **NO STUDENT** is eligible for sports (including practices) without an appropriate physical exam. See the athletic director or school nurse for additional details.

Information and applications for Husky Insurance and free or reduced lunch are available on the WHS website under DEPARTMENTS: Food Services. A paper copy can also be provided for your convenience.

Westbrook Public Schools - Student Information & Registration Sheet

Please make all appropriate additions or corrections on this form and sign at the bottom. This is the information that will be used for email and phone contact from the school and district. This form is required annually by Connecticut State Law. Thank you.

Have you ever attended Westbrook Public Schools before? Yes _____ No _____ If so, when? _____

Student: Student # (for school use)
Address: Birth Date:
Mailing Address: Grade:
Home Phone: Gender:
Student Cell Phone: Student email:

Parent/Guardian Information – Primary email contact: _____

Please provide any pertinent documentation regarding unique circumstances concerning legal guardianship of the student.

Name: Name:
Relationship: Relationship:
Street: Street:
City, State, Zip: City, State, Zip:

Employer: Employer:
Please include area code with all phone numbers:

Home Phone: Home Phone:
Work Phone: Work phone:
Cell Phone: Cell Phone:
Email: Email:

Emergency Contacts Other than Parents

The individuals below have authorization to pick up my child and can be reached during school hours at the number listed.

Name: Relationship: Phone(s):
Name: Relationship: Phone(s):
Name: Relationship: Phone(s):

Emergency & Health Information

In case of serious accident or illness at school, your child will be sent to an emergency medical facility.

Parents/Guardians will be responsible for all expenses:

Physician: Phone:
Dentist: Phone:
Medical Alert(s): Health Insurance Company: Policy #

Do you have siblings in the Westbrook Public Schools? If so, please list below:

Name _____ Grade _____ Name _____ Grade _____

Parent/Guardian print name: _____

Parent Guardian Signature _____ Date: _____

Westbrook Publish Schools - Student Information Sheet - Page 2

The WHS PTSO is publishing a directory of parent information (Address, phone, email). If you do NOT want to be listed in the directory please initial here: _____

This is the information that will be used for email and phone contact from the school district. This form is required annually by Connecticut State Law.

NON/CUSTODIAL/ADDITIONAL PARENT/GUARDIAN CONTACT INFORMATION (if needed).

Name: _____ Relationship: _____
Street: _____
City, State, Zip: _____
Home Phone: _____
Work Phone: _____ Employer: _____
Cell Phone: _____
Email: _____

Name: _____ Relationship: _____
Street: _____
City, State, Zip: _____
Home Phone: _____
Work Phone: _____ Employer: _____
Cell Phone: _____
Email: _____

This information is required by all State School Districts under the Bilingual Education Law and will help to determine if a need exists to establish a bilingual education program or English as a second language program for non-English speaking students in our district.

What is the primary language spoken by the student? _____

What language did the student first learn to speak? _____

What is the primary language spoken by parents/guardians in your home? _____

Parent/Guardians – What is your preferred language for oral and written communication?

English _____ Spanish _____ Portuguese _____ other (please specify) _____

Ethnicity: Is the student Hispanic or Latino? Please circle: Latino Non-Latino

Race (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> White | <input type="checkbox"/> Hispanic/Latino |

Was the student born in the United States? Please circle: Yes No

Is the student a Migrant? Please circle: Yes No

Definition: A child who is, or whose parent or spouse is, a migratory agricultural worker (including a migratory dairy worker or a migratory fisher) and who has moved within the past 36 months across state or district boundaries to obtain, or accompany such parent or spouse in order to obtain, temporary or seasonal employment in agricultural or fishing work.

Are you a Military Family? Please circle: Yes No

Definition: The child of a parent or guardian is a member of the Armed Forces on active duty or serves on full-time National Guard duty. Armed Forces means: the Army, Navy, Air Force, Marine Corps and Coast Guard.

RESIDENCY AFFIDAVIT

I hereby certify that (student) _____ resides with his/her parent/legal guardian at (street) _____ in (town) _____ and is a bona fide, permanent resident of Westbrook in accordance with Public Act 86-303.

I hereby attest that the student's residence in Westbrook is permanent, provided without pay or economic support from parents, and not for the purpose of obtaining school accommodations in Westbrook Schools. Back tuition can be assessed if a parent had misled the school officials as to the residency of the child.

As the parent/legal guardian of (student) _____, I am requesting his/her enrollment as a student at Westbrook Middle School in Westbrook, Connecticut. I fully understand that I am obligated to inform the school principal immediately of any changes in his/her residency.

PLEASE NOTE: INCLUDE COPIES OF TWO DOCUMENTS to verify residency, i.e., a property tax bill, rental agreement, a utility bill, etc. A driver's license is not acceptable proof.

If enrollment in Westbrook is denied, you have the right to request a hearing of the Board of Education. This district has the right to such payment of tuition for the period that the child remains in Westbrook Schools if the student is ultimately found ineligible for school privileges.

I realize that the Connecticut Public Act 86-303, entitles a school district to deny enrollment if it suspects the enrollee is not a bona fide resident, and that the enrollee is entitled to a due process hearing before the Westbrook Board of Education if he/she wished to appeal the decision.

Signature of Parent/Guardian

Date

WESTBROOK PUBLIC SCHOOLS

TRANSFER OF CONFIDENTIAL STUDENT INFORMATION

Date: _____

Pursuant to the Family Educational Rights and Privacy Act ("FERPA"), I hereby authorize the Westbrook Public Schools to release the following confidential records regarding my child:

Name of Child: _____

Address: _____

DOB: _____

Parent(s)/Guardian(s): _____

School: _____

(Please check all that apply)

- | | <u>Release</u> |
|-----------------------------------|--------------------------|
| All Records | <input type="checkbox"/> |
| Cumulative File | <input type="checkbox"/> |
| Pupil Personnel/Special Education | <input type="checkbox"/> |
| Disciplinary | <input type="checkbox"/> |
| Health/Medical* | <input type="checkbox"/> |
| Other (please specify) | <input type="checkbox"/> |

From: _____

School Name & Contact

Address: _____

Street

Town

State/Zip Code

Telephone: () _____ Fax: () _____

Email: _____

I understand that the information to be disclosed is protected as an "education record" under FERPA, and that such information shall not be redisclosed unless permitted under FERPA. I further understand that the officers, employees, and agents of any party that receives protected information under FERPA may use such information only for purposes for which the disclosure is made.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

If this authorization is being used to obtain Protected Health Information from a child's physician or other covered entity under HIPAA, the following section must also be completed:

I, the undersigned, specifically authorize _____ to disclose my child's
Name of Physician

medical information, as specified above, to my child's school, _____,
Name of School

at the above address for the purposes described below (i.e. health assessment for school entry, special education evaluation etc.):

By signing below, I agree that a photocopy of this authorization will be valid as the original. This authorization will be valid for a period of one year from the date below. I understand that I may revoke this authorization at any time by notifying the physician's office in writing, but if I do, it will not have any effect on actions taken by the Physician prior to receiving such revocation.

I understand that under applicable law, the information disclosed under this authorization may be subject to further disclosure by the recipient and thus, may no longer be protected by federal privacy regulations.

I understand that my child's treatment or continued treatment with any health care provider or enrollment or eligibility for benefits with any health plan may not be conditioned upon whether or not I sign this authorization and that I may refuse to sign it.

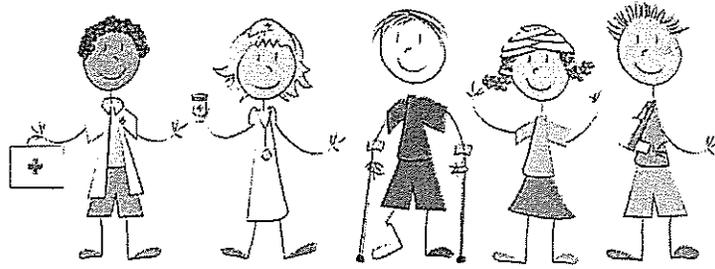
Any information received by the school pursuant to this authorization is subject to all applicable state and federal confidentiality laws governing further use and disclosure of such information.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

11/21/13
238848 v.29 S5



Westbrook Middle/High School Health Office Information

Physicals:

- A comprehensive physical (blue form) is required by the board of education and Connecticut state law for during 6th grade and 10th grade and prior to entrance into 7th grade and 11th grade. Physicals need to include vision, hearing, and postural screening and immunization records. Without this physical, your child will not be allowed to move on to the next grade.
- If your child is planning on playing a sport, an updated physical must be on file in the health office. Sports physicals are valid for 13 months and need to be received prior to any participation including tryouts. Bridge notes will not be accepted per CIAU rules.

Immunizations:

- All students entering Westbrook Middle/High School must show proof of receiving the following immunizations:
 - DPT/DTaP/Td (tetanus) - At least 4 doses
 - Polio - At least 3 doses
 - MMR - 2 doses
 - Varicella 2 doses
 - Hepatitis B - 3 doses
 - Hepatitis A - 2 doses (Grades 5-7)
 - Tdap - 1 dose (Grades 7-12)
 - Meningococcal - 1 dose (Grades 7-12)

Health Screenings:

- Routine health screenings will be conducted by the nurse yearly:
 - Hearing Screening: Grade 5
 - Vision Screening: Grade 5
 - Scoliosis/Postural: Females Grade 5 and 7; Males Grade 8
- 6th and 10th graders should receive their screenings at their required comprehensive physical exam.

Medical Dismissals:

- Students will automatically be dismissed for the following reasons:
 - Vomiting
 - Diarrhea
 - Temperature 100.0 or above
 - Suspected/Confirmed conjunctivitis
 - Lice/Nits
- If dismissed for diarrhea, vomiting, or temp 100 or above, the student must be excluded until symptom free for at least 24 hours without medication to suppress symptoms.

- For Conjunctivitis, the nurse may require a doctor's note to return to school. If diagnosed with pink-eye, the student may not return to school until they complete a full 24 hours of antibiotics.
- If live louse (lice) is discovered, the student may return to school only after hair treatment is complete and every viable nit is removed. The student must see the nurse upon arrival at school and provide proof of treatment. Any sibling of affected students will also be screened.

Accommodations and Medications:

- The nurse can administer over the counter and prescription medication ONLY with an order from the physician and signed parental permission. The form must be complete and include the following:
 - Provider order and written authorization to administer medication
 - Parental written authorization to administer medication
 - If the student will be self-administering, the form must be checked and signed by the provider and parent
- Medication must be in the original container with the pharmacy label and have a current expiration date.
- Middle school and high school students may receive Tylenol, Ibuprofen, and Zyrtec with just signed parental permission. If you would like your child to be able to take these medications at school, please fill out the Authorization to administer non-aspirin medication on the Annual Health Report Update Form.
- The parent/guardian is responsible for forwarding any treatment plans (Asthma Action Plan, Allergy Plan, Diabetic Plan, etc) and doctor orders to the nurse.
- All medication authorization needs to be updated annually. All forms can be found on the website.
- If your child requires any accommodation at school, please send in a note with instructions from the health care provider.

Additional Information:

- If your child is out sick or will not be in school for any reason, please call the main office every day they are out prior to 8:00 am.
- After 9 absences, appropriate documentation is required for any and all subsequent absences.
- Please have your child eat breakfast and pack healthy snacks for school. The school does offer breakfast service and reduced pricing is available to those that qualify. Students who do not eat breakfast feel tired, dizzy, and have poor concentration. Breakfast improves school performance and increases focus.
- Please notify the nurse of any health updates throughout the year. If there is any significant medical history you would like the nurse to be aware of please feel free to contact me.

**Westbrook Middle/High School
Authorization for Stock Non-Prescription Treatments Administration**

Student _____ Grade _____

To be completed and signed by Parent/Guardian:

There may be times when your child will ask for non-prescription medications/treatments to help relieve symptoms related to minor conditions such as poison ivy, cuts, scrapes, chapped lips, etc. A Registered Nurse is available to assist in the assessment of the student's conditions and to respond appropriately in dispensing these medications/treatments. The PARENT/GUARDIAN must indicate which of the available non-prescription drugs/treatments **MAY NOT** be used or given by checking the appropriate boxes listed below. Dr. Perrin, our medical advisor, has approved the non-prescription medications listed below for use at school.

Check box for medication/treatment **NOT** to be given to your child

- Aloe Vera Gel (moisturizing therapy)
- Antacid Tablets (stomach upset)
- Antibiotic Ointment / Bacitracin (infection prevention)
- Bactine (wound care)
- Benadryl (allergic reaction)
- Betadine/Phisophex/ Hibclens/Dial (soap)
- Burn Gel (burns)
- Calamine/Callergy Lotion (skin irritation, rash, poison ivy)
- Cough Drop (sore throat, cough)
- Hand/Body Cream (moisturizing cream)
- Hydrocortisone Cream 1.0% (rash)
- Isopropyl Alcohol (wound cleaning/piercings)
- Lip Ointment (chapped lips)
- Petroleum Jelly/Vaseline (chapped lips)
- Saline Eye Drops (eye irritations/contact lens solution)
- Tinc of Benzoin (secure bandage)

Comments _____

Parent/Guardian Signature _____ Date _____

Westbrook Middle/High School
Annual Student Health Update and Standing Order Parent Authorization Form
This form must be completed and forwarded to the health office yearly.

Student: _____ Grade: _____

Annual Standing Order Parent Authorization

The registered nurse covering the Westbrook Public Schools may administer the following medication to students at the discretion of the nurse provided that prior permission has been signed by the parent/guardian for the school year. Please sign for each medication that you authorize the nurse to administer. If you do not want medication given to your child, please leave blank.

I authorize the nurse, with a standing order from the school medical advisor, to administer at his/her discretion the following medications to my child (Please sign for each medication as appropriate):

- **Acetaminophen (Tylenol)** 325 mg each 1-2 tabs every 4-6 hours as needed for headaches or minor pain. **Parent Signature** _____
- **Ibuprofen (Advil)** 200 mg each 1-2 tabs every 4-6 hours as needed for muscle pain, menstrual cramps, and headaches. **Parent Signature** _____
- **Cetirizine HCl (Zyrtec)** 10 mg each 1 tablet once a day for seasonal allergy symptoms such as sneezing, itchy eyes, or runny nose. **Parent Signature** _____

NOTE: If any other medication is to be given in school, including any over the counter medication, it must be accompanied by a signed AUTHORIZATION FOR ADMINISTRATION OF MEDICATION FORM.

Annual Confidential Health Update

1. My Child Has The Following Medical Condition(s):

Allergies: Life Threatening/Non-Life Threatening (please circle)

Bee Sting _____ Food _____ Medication _____ Latex _____ Other (please list) _____
Asthma _____ Diabetes _____ Seizures _____ Cancer _____ ADHD _____ Behavioral/Emotional _____
Conditions: Cardiac _____ Orthopedic _____ Urinary _____ Psychological _____ Neurological _____
Respiratory _____ Gastrointestinal _____ Renal _____ Hormonal _____ Autoimmune _____
Problems with: Vision _____ Hearing _____ Swallowing _____ Speech _____
Other: _____

IF ANY LIFE THREATENING ALLERGIES, ASTHMA, OR SEIZURES ARE CHECKED, PLEASE HAVE THE PHYSICIAN COMPLETE A TREATMENT PLAN AND SEND MEDICATION ORDERS.

2. Please list any medication your child takes regularly and reason for medication:

3. Any serious accident(s), operation(s), or illness(es) in the last year?

4. Does your child have health insurance? Yes/No (please circle)

Name of Insurance Company: _____

5. Is there anything you would like to discuss with the school nurse?

Signature of Parent/Guardian: _____ Date: _____

Revised 1/8/2020

WHS Registration Questionnaire

Student's Name: _____ DOB: _____ Grade: _____

Student Interests, Hobbies & Sports: *(used for elective selection and co-curricular activities)*

Has your child ever had an individual evaluation in a school system? Yes No
If yes, please explain the reason for and the date of the evaluation:

Has your child received any support services?

- Special Education
- 504 Accommodation Plan
- Health Plan
- Academic Plan
- Counseling (Counselor, Psychologist, Social Worker)
- Other _____

Other information that we should be aware of:

**Westbrook Public School Computer and Internet User Agreement
AND
Parent Permission Form**

After reading the Rules and Codes of Ethics for Westbrook School Computer Users, please complete this form to indicate that you agree with the terms and conditions outlined. The signatures of both student and parent/guardian are mandatory before access may be granted to the Internet. This document, which incorporates the rules and codes, reflects the entire agreement and understanding of all parties.

As a user of the Westbrook Public School District computer network, I have read and hereby agree to comply with the outlined rules and codes of ethics.

Student Signature: _____ Date: _____

Student Name (please print): _____

Student's School Westbrook High School

Grade _____

As a parent /legal guardian of the student signing above, I grant permission for my child to access networked computer services such as electronic mail and the Internet. I have read and agree to the rules and code of ethics. I understand that some materials found on the Internet may be objectionable; therefore, I agree to accept responsibility for guiding my child and conveying to agree to hold harmless the Westbrook Public Schools and employees of the school district for any misuse of access to networked computer services that my child commits. I understand that once signed, this agreement is legally binding on me.

Parent/Guardian Signature: _____ Date: _____

Parent Guardian Name (please print) _____

Street Address: _____

Home Telephone: _____ Work Telephone: _____

Complete and return to your child's school

Westbrook Public Schools 1:1 Chromebook Acceptance Agreement

2023-2024

Westbrook Public Schools (WPS) are excited to start the school year by providing you with your own Chromebook. Our hope is to increase access to informational technology and enhance student learning.

By accepting a school- issued Chromebook, you agree to the follow terms:

- I will follow the rules, regulations, and guidelines of the Acceptable Use Policy #6141.323(a).
- I will use my Chromebook in school and at home for educational purposes only.
- When using online applications (i.e., Google Drive or Google Classroom), I will communicate with my classmates and teachers in a respectful, professional manner.
- I will make sure I come to school with my Chromebook fully charged.
- I will make every effort to take care of my Chromebook.
- I understand that I am responsible for paying for a new Chromebook if mine is lost or damaged.

_____ I am accepting my WPS Chromebook

_____ I am not accepting my WPS Chromebook. I will be using my own device.

Student Name (print): _____ Student Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Student Grade: _____

Date: _____

2023-2024

Westbrook Public Schools

1:1 Chromebook – Optional Damage Protection Program

WPS offers an Optional Damage Protection Program for Chromebooks that are issued to our students. While we expect that all students will do their best to take good care of their Chromebooks, parents and students are responsible to pay the cost of repairs for any damage to their school-issued Chromebook. This protection plan will help guard against the expense of repair costs for accidental damage such as for a cracked screen, a broken power jack, missing keyboard parts, keyboard failure due to a spill, etc., up to and including the cost of a full replacement for a device that is damaged beyond economical repair.

Participation in the Optional Damage Protection Program for Chromebooks is voluntary and not a requirement for a student to receive a Chromebook for school use. Please review the information provided below and **select whether or not you wish to participate and return this form to the school office regardless of your decision.**

Protection Program Cost and Coverage Details

The participation fee for the Protection Plan for the school year is \$25.00 for the following coverage:

- Protection plan will cover up to two (2) repairs at no cost
- Device damaged beyond economic repair - \$25 replacement fee (this is separate from the \$25 cost to purchase the plan); limited to one time per coverage year
- Students will be provided a free loaner device during the repair period

Program Exclusion and Related Costs

- Lost chargers are not covered under this program
 - Replacement charger cost is \$25.00
- Lost or stolen devices are **not** covered – In the event that the student’s school issued Chromebook is lost or stolen (or damaged beyond economical repair more than one per the above), parents and students are responsible to pay the full replacement cost which is currently \$280.00

Repair and Replacement Cost without Protection Program Coverage

Parents and students who do not elect coverage are responsible to immediately notify and arrange for repairs through the Westbrook Public Schools. Replacement parts and repair costs will be billed at the school’s cost. Chromebooks damaged beyond economical repair will require payment for the full replacement cost of \$280.00

____ Yes, I wish to participate in the Optional Damage Protection Plan and have enclosed the \$25.00 participation fee. Checks may be made payable to your child’s school activity fund:

Daisy Ingraham School - Please make payable to *Daisy Ingraham Activity Fund*

Westbrook Middle School - Please make payable to *WMS Activity Fund*

Westbrook High School – Please make payable to *WHS Activity Fund*

____ No, I do not wish to participate in the Optional Damage Protection Plan and understand that I am responsible to pay for the full cost of any repairs due to damage up to the full replacement cost of \$280.00

Student Name (print) _____ Current Grade _____

Parent/Guardian (print) _____

Parent/Guardian (signature) _____ Date _____

2023-24 Application for Free and Reduced-price School Meals or Free Milk

Apply online at [insert web address].
Return to (School/District Name)
Application No: _____

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

STEP 1

List ALL children who are infants and students up to and including grade 12. If more spaces are required for additional names, attach another page. (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 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	MI	Child's Last Name	School	Grade	Student? Yes No	Foster	Head Start	Homeless or 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"/>

Check all that apply

STEP 2

Do any household members (including you) currently participate in one or more of the following Assistance Programs – SNAP or TFA? (This does NOT include medical (HUSKY) benefits)

If YES, a household member does participate in SNAP or TFA, write a SNAP OR TFA case number here and then go to STEP 4 (Do not complete STEP 3.) To quicken the approval process, it is strongly recommended that you submit proof of SNAP or TFA eligibility with this application. See instructions.

Case Number: (Not an EBT 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)

Are you unsure what income to include here?
Flip the page and review the charts titled "Sources of Income" for more information.
The "Sources of Income for Children" chart will help you with the Child Income section.
The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.
Note: Biweekly is Every 2 Weeks

Name of Adult Household Members (First & Last Name)	Earnings from Work		Public Assistance/Child Support/Alimony		Pensions/Retirement, SS, SSI, VA benefits, All other income		Child Income		How often?	
	Weekly	Bi-Weekly	2x Monthly	Monthly	Annual	Weekly	Bi-Weekly	2x Monthly	Monthly	Annual
\$										
\$										
\$										
\$										
\$										

A. Child Income
Sometimes children in the household earn income. Please include the TOTAL gross income (before taxes and deductions) earned by all Child Household Members listed in STEP 1 here.

B. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related including you.)
List all Household Members not listed 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 and deductions) 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.

Total Household Members (Children and Adults – Step 1 & Step 3)

Last Four Digits of Social Security Number of Primary Wage Earner or Other Adult Household Member

Check if no social security number

STEP 4

Contact Information and Adult Signature. Return completed form to your child's school: [insert school/district's mailing address.]

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, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Printed Name of Adult Signing the Form _____ Apt # _____

Mailing Address (if available) _____

Signature of Adult _____ Today's Date _____

Town or City _____ State _____ Zip _____

Daytime Phone and Email (optional) _____

How to Apply for Free and Reduced-price School Meals

Please use these instructions to help you fill out the application for free or reduced-price school meals. You only need to submit one application per household, *even if your children attend more than one school in [insert name of school district]*. The application must be filled out completely to determine the eligibility of your children for free or reduced-price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on the application. If at any time you are not sure what to do next, please contact [insert school/school district contact with preferred phone and e-mail].

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

Step 1: List ALL children, infants, and students up to and including grade 12

Tell us how many infants/toddlers, children not in school, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, through a court or state/local agency, or qualify as homeless or runaway youth;
- Students attending (regardless of age) [insert name of school/school district].

A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, please print clearly. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper (or a second application if completing electronically) with all required information for the additional children. This also applies to adults in Step 3. "MI" is short for "middle initial". Print the first letter of each child's middle name in the "MI" section.

B) Is the child a student? List the name of the school (optional), the grade and mark "Yes" or "No" under the column titled "Student" to tell us which children attend school in the district. If you marked "Yes," write the grade level of the student in the "Grade" column.

C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4.
Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3. Note: Adopted children are not considered foster children. A foster child is a minor child who has been taken into state custody and placed with a state-licensed adult, who cares for the child in place of their parent or guardian.

D) Are any children homeless, runaway or in a Head Start Program? If you believe any child listed in this section meets this description, mark the "Head Start or Homeless/Runaway" box next to the child's name and complete all steps of the application. Homeless, Runaway and Head Start status must be confirmed with the appropriate program staff. If the status cannot be confirmed, then the school district will contact you to complete an income-based application. You may choose to provide income information now in order to prevent the school district from potentially needing to contact you later.

Step 2: Do any household members currently participate in SNAP or TFA?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP)
- Temporary Family Assistance (TFA)

A) If no one in your household participates in any of the above listed programs:

- Leave STEP 2 blank and go to STEP 3.

B) If anyone in your household participates in SNAP or TFA:

- Write a case number for SNAP or TFA. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact your DSS social worker.

Note: Do not use a HUSKY Medical Benefits number since this number is not a SNAP or TFA case number. It is also recommended (but not required) that you submit proof of this SNAP or TFA case number when you submit the application for processing. Proof does NOT include a copy of the CONNECT card.

- Go to STEP 4.

Step 3: Report income for all household members

How do I report my income?

- Use the charts titled "Sources of Income" and "Examples of Income for Children," printed on the back side of the application form, to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received before taxes.
 - Many people think of income as the amount they "take home" and not the total "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write "0" or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.