



KAIROS SIGN-OFF FORMS

This packet contains six super important documents: Kairos Compact, Technology Acceptance Form, Student Health Information Form, Media and Educational Tool Release, Dismissal Authorization, and Free and Reduced Price Lunch Forms. **All forms MUST be signed and collected by your coach.** Your child cannot start school without them!

Parent Name: _____

Student Name: _____

We take great care to protect your privacy. These documents are collected by your coach and immediately stored securely by Kairos.

empowering students to direct their own lives and learning

Kairos Compact

Thank you for reading The Kairos Community Handbook! Our mission is to empower each and every one of our students to seize their *kairos* and direct their own lives and learning. By committing to The Kairos Community Handbook and signing below, guardian-student-coach team is showing that they are ready to work together in order to realize that mission.

Guardian Responsibilities

As a guardian, I will:

- Ensure my child's attendance...
 - From 9 a.m. to 5 p.m. during Kairos' year-round academic calendar
 - For before- and after-school remediation, as discussed with my child's coach
- Ensure that my child and family comply with the procedures and policies outlined in the Kairos Community Handbook, including:
 - Drop-off and pick-up procedures
 - The Kairos Dress Code
 - Annual enrollment processes
- Support my student's academic and social-emotional growth by:
 - Regularly reviewing the Parent Portal on the Summit Learning Platform to understand my student's academic progress
 - Reinforcing the Kairos Commitments at home and signing Compass Reflections to support and understand my child's social-emotional development
 - Reading Kairos communications, including weekly emails from my child's coach
 - Making sure my child comes to school organized, fed, well-rested, and excited to learn every day
- Communicate with Kairos by:
 - Contacting my child's coach for excused absences and with any questions or concerns
 - Contacting the Kairos HQ for emergencies (314-252-0602, hq@kairosacademies.org)
 - Responding Kairos communications, including texts about my child's absence
- Join in the Kairos community to the best of my ability through the Family Action Council, parent surveys, Exhibition Nights, and volunteer opportunities
- Treat all individuals with kindness and respect regardless of race, color, gender, gender identity, ability, age, religion, sexual orientation or national or ethnic background

I have read and understand the **Kairos Community Handbook**, including notifications around teacher certification.



- I have read and understand the **LEA & School Family Engagement Plan**.
- I have read and understand the **Kairos Compact** and agree to abide by it.

Parent/Guardian Name: _____

Date: __/__/__

Parent/Guardian Signature: _____

Parent Feedback (Optional): _____

Student Responsibilities

As a student, I will:

- Come to school everyday...
 - From 9 a.m. to 5 p.m. throughout Kairos' year-round academic calendar
 - During before- and after-school remediation, as discussed with my coach
- Come prepared and ready to learn by:
 - Dressing according to the Kairos Dress Code
 - Bringing my school supplies, including:
 - My fully-charged Chromebook, charger, and headphones
 - My class notebooks
 - At least 3 pens and 3 pencils
- Direct my own life and learning by making responsible choices to achieve my academic and personal goals
- Live out the Kairos commitments and use our community Compass to guide my path, both in and out of the classroom



- Let my family know all about what I'm learning in school and invite them to Kairos community events
- Treat all individuals with kindness and respect for our differences in terms of race, color, gender, gender identity, ability, age, religion, sexual orientation or national or ethnic background

I have read and understand the **Kairos Community Handbook**.

I have read and understand the **Kairos Compact** and agree to abide by it.

Student Name: _____

Date: __/__/____

Student Signature: _____

Student Feedback (Optional): _____

Coach Responsibilities

As a coach, I will:

- Support students as they work to grow into a curious and independent civic leader
- Advocate for the student *in loco parentis* through both triumphs and trials
- Partner proactively with parents, guardians, and other adults in the student's life for the success
- Welcome, include, and respect every student and parent, regardless of differences in terms of race, color, gender, gender identity, ability, age, religion, sexual orientation or national or ethnic background

I have read and understand the **Kairos Community Handbook**.



I have read and understand the **Kairos Compact** and agree to abide by it.

Coach Name: _____

Date: __/__/____

Coach Signature: _____

Coach Feedback (Optional): _____



Technology Acceptance Form

Chromebook Basic Care

You will have the same Chromebook **for all of middle school**. It's a new buddy, so please take care of it! Initial on each line below to indicate your promise to take care of your Chromebook.

- _____ Keep your Chromebook charged by charging it at break and lunch. You cannot use it to learn and grow if it is out of battery.
- _____ Preserve the battery life of your Chromebook for the long term. Turn off your Chromebook at the end of the day before you go home. You can easily power it back on if you need it later, but by turning it off often you keep the battery strong. They are very expensive to replace.
- _____ Be careful with your Chromebook. They are fragile, so don't sit on them, knock them against anything, leave them alone, or do anything that might cause them to break.
- _____ You can put stickers on your Chromebook, but don't mark your Chromebook in any other way.
- _____ Do not remove or attempt to remove the serial number. Removing the serial number just makes repairs more expensive for our school.
- _____ Chromebooks may be taken off campus, but only if you have signed this form.
- _____ Make sure you keep your Chromebook in a safe place at home and charge it each night.
- _____ Pack your Chromebook in your bag for school the next day. If you forget your Chromebook at home, we cannot guarantee that a loaner will be available.

Important Reminders for Technology Use

- You will use the internet and your Chromebook everyday at school and possibly at home. Please only use it for educational purposes.
- Take care of your Chromebook and all equipment. If you break or lose any technology, your family will have to pay a replacement fee.
- Read your email! Your teachers will use it to send you messages.
- Be safe when using the Internet. Never do the following:
 - Send information or images to someone you don't know
 - Agree to meet someone you don't know
 - Share your password with anyone except your teachers



- Do not use the internet for anything inappropriate or illegal. Do not plagiarize or reproduce copyrighted material.
- Do not harm, bully, threaten or make fun of other students or anyone else on the computer. This is just as serious as threats or bullying off of the computer.
- Do not use your computer to distract others. Do not send or reply to mass emails.
- If you bring a cell phone to school, you are required to turn it in at the start of the day. Kairos will hold your phone in a safe, secure location until it is returned to you at the day's end.
- Failure to comply with the *Kairos Internet and Device Acceptable Use Policy* will result in disciplinary action.

Student Acceptance Signature

I have read Kairos' *Internet and Device Acceptable Use Policy* and agree to abide by it.

I have received the following items from Kairos and will be held responsible for them both on and off campus:

- 1 Chromebook
- 1 set of headphones
- 1 charger

I recognize that if any of these devices are lost or damaged, I will be responsible for them and will contribute financially toward a replacement.

Student Name: _____

Date: __/__/____

Student Signature: _____

Guardian Acceptance Signature

This agreement ensures that the designated borrower named below ("Borrower") accepts responsibility for equipment supplied by Kairos to the student listed below. The Borrower acknowledges receiving the following equipment on behalf of their student:

- 1 Chromebook
- 1 set of headphones
- 1 charger

By signing this form, the Borrower agrees to reasonable care with respect to the security and physical well-being of the equipment identified below. In the absence of reasonable care or if the equipment is returned in a condition different than the original condition, Borrower will be financially responsible. In addition, in the event Kairos determines in its sole discretion that Borrower did not ensure reasonable care in the use of the equipment, the Borrower will be responsible for any damaged, lost,



or stolen equipment.

By signing this agreement, Borrower takes responsibility for the equipment and agrees all users of the equipment will:

- Abide by the *Kairos Internet and Device Acceptable Use Policy*
- Use the equipment for educational use only
- Report any problems or damages immediately to student's coach
- Return equipment before Borrower's last day of school if transferring out of Kairos

The Borrower also acknowledges and agrees to the following:

- All internet use through the equipment will be filtered and logged.
- The equipment is the property of Kairos Academies.
- If the equipment is not returned to Kairos in its original condition, reasonable wear and tear excepted, or if the equipment is lost or stolen, the Borrower agrees to be financially responsible for the replacement value of the equipment as determined by Kairos.
- If stolen, a police report will be filed immediately and a copy submitted to the school.
- All damage to the Chromebook will incur a fee of \$50 per incident. This fee must be paid prior to graduation or to put the student's account in good standing prior to transfer if the student is transferring out of Kairos.
- Lost or stolen equipment will be replaced immediately and the appropriate fee will be incurred.

The legal guardian signing below agrees to be bound by these stipulations and financially responsible for the equipment received by the student named below.

Student Name: _____

Date: __/__/____

Guardian ("Borrower") Name: _____

Guardian ("Borrower") Signature: _____



Student Health Information Form

Student Medical History

Has the student ever had:

- | | | |
|---------------------|------------------------------|-----------------------------|
| Asthma | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diabetes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Heart Attack | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Seizures/Epilepsy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sickle Cell Disease | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If answered yes to any of the above, does the student have a prescribed Health Action Plan for what to do in case of symptom occurrence during school hours? An example would be: "Here's what to do in case of X". If so, please describe the Health Action Plan below:

Has the student been hospitalized for the condition in the last 18 months? Yes No

Date (Approximate)	Name of Hospital	Reason
1.		
2.		
3.		

Has the student ever had:

- | | | | | | |
|--------------|------------------------------|-----------------------------|------------------|------------------------------|-----------------------------|
| Eczema? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Anemia? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chicken Pox? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Rheumatic Fever? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Has the student ever experienced:

- | | | |
|------------------------------|------------------------------|-----------------------------|
| Eye or vision problems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ear or hearing problems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Frequent ear infections? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Heart problems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Stomach or bowel problems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Broken or fractured bones? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Problems with urinating? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ate paint, clay, or plaster? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



If yes, please describe:

Family History

Is there a history of chronic illness in the family? Please check any boxes that apply.

	Father	Mother	Father's Family	Mother's Family	Student's Siblings
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Attack (at age < 50)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seizures/ Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sickle Cell Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Child's Medications

Please list any medications that your student is currently taking.

Name	Dose	Details of Times/Day	Permission to administer?
1.			<input type="checkbox"/> Yes <input type="checkbox"/> No
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No
4.			<input type="checkbox"/> Yes <input type="checkbox"/> No
5.			<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional instructions/comments:



Parent Authorization for Over-the-Counter (OTC) Medication Administration

Over the counter (OTC) pain relief medications can be obtained without a doctor's prescription and are used for the relief of pain symptoms on a temporary basis. Appropriate use of over the counter pain relief medications at school can help students to remain in school and continue to achieve in the classroom. The American Academy of Pediatrics Policy Statement for Administration of Medication in School states "providing parent approved short-term medications, such as pain relievers, may provide symptomatic improvement for the student, which enables attendance for learning and causes less classroom disruption."

Valid for current school year: _____

Student name: _____ Date of birth: _____ Grade: _____

I give permission to authorized school staff to give my child acetaminophen (e.g. Tylenol, 1-2 325 mg tablets) or ibuprofen (e.g. Motrin/Advil, 1-2 200 mg tablets) when determined to be needed for headache, menstrual cramps or tooth/orthodontic pain. The student will be able to receive 5 doses throughout the school year. When 5 doses have been given the parent will be notified.

Does this student have any drug allergies?

List: _____

I, _____, authorize Kairos Academies personnel to administer over-the-counter medication (including, but not limited to, painkillers, allergy medication, etc.) to my child, _____, should it be deemed necessary and appropriate by the student and a designated staff member.

Parent/Guardian Printed Name: _____ Date Signed: _____

Parent/Guardian Signature: _____

Medical Contact Information

Emergency Contact Information

Name: _____ Relationship to Student: _____

Phone: _____ Home Cell Work



Pediatrician Information

Name: _____ Phone: _____

Address: _____

Student Health Insurance

Insurance Company Name: _____

Insurance Company Address: _____

Policy #: _____ Group #: _____

Policyholder's Name: _____ Policyholder's Birthdate: _____

Policyholder's Relationship to Student: _____



Release for Media and Release for Educational Tools

Kairos Academies celebrates the accomplishments of students, faculty, and community through a variety of print, audio, and online media.

I give Kairos Academies and its employees, representatives, and authorized partners permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital, or printed media for purposes related to Kairos Academies or my child's education.

I give Kairos Academies and its employees, representatives, and authorized partners permission to enroll my child in online educational programs that require parental consent (e.g., Khan Academy, Flipgrid, etc.).

I hereby waive any right that I may have to inspect and/or approve the finished product, the written copy that may be used in connection, or the use to which it may be applied.

I am aware that I will not receive monetary compensation for participation. This permission is valid for so long as Kairos Academies is in operation.

By entering into this informed consent, I release Kairos Academies, its board, employees, and other representatives from any liabilities, known or unknown, arising out of the use of this material.

I certify that I have read the Media Consent and Release Liability statement and fully understand its terms and conditions.

Student Name: _____ Parent/Guardian Name: _____

Student Signature: _____ Parent/Guardian Signature: _____

Date: _____



Authorization to Leave Kairos Independently

I hereby authorize my student to leave Kairos Academies independently at the end of the school day. In doing so, I acknowledge that my student will only be dismissed from and allowed to leave Kairos between 5:00 and 5:15 pm and 6:00 and 6:15 pm. I grant my child this permission so that he or she may leave Kairos by foot, bike, scooter, etc., either independently or with other authorized peers, and hold Kairos harmless for any personal harm or injury or any property lost or damaged while not on Kairos property.

Student Name: _____

Date: __/__/____

Student Signature: _____



Free and Reduced Priced Lunch Forms

The following document is the Federal Free and Reduced Priced Lunch Form. This form is legally required and used for two primary reasons. First, Kairos uses it to determine students who receive federally-reimbursed breakfast, lunch, and snacks. This is how we ensure that every child, regardless of background, receives nutritious brain food. Second, we use this form to collect the state and federal dollars that Kairos needs to build a school fueled by rock star teachers and top-rate resources.

This document is required for **ALL** Kairos families. This includes families who:

- Filled out the same or a similar form for a different school
- Do not qualify for free meal plans
- Do not qualify for reduced-priced meal plans

There are two components to the upcoming form. The first is a set of detailed directions to assist you in filling out the application. The second is the actual application. **Be sure to submit this form to your coach during the home visit.** Please DO NOT mail this form to Kairos.

Please fill out this federal form carefully and accurately!
If you have any questions, please reach out to
Britt Kelleher, Chief Operating Officer, at 314-602-0250

Stay tuned for more information on meal plans at Kairos! We'll share all the details, including menus, payment submission, and whether your child qualifies for free or reduced priced lunch soon. If you will not be in attendance, please tell your coach at your home visit so that they follow-up with you!



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. The application must be filled out completely to certify 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 your application. If at any time you are not sure what to do next, please contact Brittany Kelleher, Chief Operating Officer, at Brittany@kairosacademies.org or 314-252-0602.

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

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, 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, or qualify as homeless, migrant, or runaway youth;
- Students attending Kairos Academies, regardless of age.

List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

Building name/Grade. If child is a student, list building name and grade.

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.

Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?

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 Assistance for Needy Families (TANF)
- The Food Distribution Program on Indian Reservations (FDPIR)

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

- Leave **STEP 2** blank and go to **STEP 3**.

If anyone in your household participates in any of the above listed programs:

- Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: State number 1-855-373-4636.
- 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 for Adults" and "Sources 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.
 - o Gross income is the total income received before taxes

- o 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. (Information follows on the reverse side.)

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.

3.A. REPORT INCOME EARNED BY CHILDREN

A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked “Child Income.” Only count foster children’s income if you are applying for them together with the rest of your household.

What is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

3.B REPORT INCOME EARNED BY ADULTS

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do NOT include:**
 - o People who live with you but are not supported by your household’s income AND do not contribute income to your household.
 - o Infants, Children and students already listed in **STEP 1.**

List adult household members’ names.

Print the name of each household member in the boxes marked “Names of Adult Household Members (First and Last).” Do not list any household members you listed in **STEP 1.** If a child listed in **STEP 1** has income, follow the instructions in **STEP 3, part A.**

Report earnings from work. Report all total gross income from work in the “Earnings from Work” field on the application. This is usually the money received from working at jobs, if you are a self-employed business or farm owner, you will report your net income.

What if I am self-employed? Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

Report total household size. Enter the total number of household members in the field “Total Household Members (Children and Adults).” This number MUST be equal to the number of household members listed in **STEP 1** and **STEP 3.** If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.

Report income from pensions/retirement/all other income. Report all income that applies in the “Pensions/Retirement/ All Other Income” field on the application.

Report income from public assistance/child support/alimony. Report all income that applies in the “Public Assistance/Child Support/Alimony” field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as “other” income in the next part.

Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled “Check if no SSN.”

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

Provide your contact information. Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

Print and sign your name and write today’s date. Print the name of the adult signing the application and that person signs in the box “Signature of adult.”

Your coach will pick up your when you meet before school.

Share children’s racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children’s race and ethnicity. This field is optional and does not affect your children’s eligibility for free or reduced price school meals.

2019-2020 Application for Free and Reduced Price School Meals

Attachment E

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

Date Received by LEA (LEA use only) _____

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)

Child's First Name	MI	Child's Last Name	Building Name	Grade	Homeless, Migrant, Runaway Foster Child

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.

STEP 2

Do any Household Members (including you) currently participate in one or more of the following assistance programs: **SNAP, TANF, or FDIPIR?** Circle one: Yes / No

If you answered **NO** > Complete **STEP 3**. If you answered **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 income. Please include the TOTAL gross income earned by all children listed in STEP 1 here.

Child income

Weekly	Bi-Weekly	2x	Monthly
○	○	○	○

How often?

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 they do 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.

Name of Adult Household Members (First and Last)	Earnings from Work				Public Assistance/Child Support/Alimony				Pensions/Retirement/All Other Income			
	Weekly	Bi-Weekly	2x	Monthly	Weekly	Bi-Weekly	2x	Monthly	Weekly	Bi-Weekly	2x	Monthly

Total Household Members (Children and Adults)

Last four digit of Social Security Number (SSN) of primary wage earner or other adult household member.

X	X	X	X
---	---	---	---

Check if no SSN

STEP 4

Contact information and adult signature

Mail Completed Form To: INSERT YOUR SCHOOL/DISTRICT MAILING ADDRESS HERE

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.

Street Address (if available)

City State Zip

Apt #

Daytime Phone and Email (optional)

Printed name of adult completing the form

Signature of adult completing the form

Today's date

DO NOT FILL OUT THIS SECTION. 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 (USE ONLY IF MULTIPLE FREQUENCY)

Food Stamps/Temporary Assistance Household size: _____ Total income: _____ Per: Week Every 2 Weeks Twice a Month Month Year

Eligibility: Free Reduced Denied Reason: _____

Determining Official's Signature: _____ Date withdrawn: _____

Confirming Official's Signature (For verification purposes only): _____ Date: _____

INSTRUCTIONS Sources of Income

Sources of Income for Children	
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security <ul style="list-style-type: none"> - Disability Payments - Survivor's Benefits 	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

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

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. If ethnicity/race is not selected, a visual identification will be determined.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino
 Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

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

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

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

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.