

**HARTSBURG-EMDEN**  
**2021-2022 REGISTRATION FEES**

**STUDENT NAME:** \_\_\_\_\_ **GRADE** \_\_\_\_\_

**REGISTRATION FEES**

(ECE = \$65, Grades K-5 = \$65.00, Grades 6-12 = \$70.00) \$

8<sup>th</sup>-12<sup>th</sup> Class Fees/Lab Fees/Workbook Fees \$

Weekly Reader (2<sup>nd</sup>-5<sup>th</sup> grade) \$

Heartland Dual Credit (**per semester**) \$

Drivers Ed \$

PE Shirt (8<sup>th</sup> grade – 12<sup>th</sup> grade) -- \$6.00/shirt \$  
Size S, M, L, XL, XXL, XXXL

Band Rental Fee (\$25) \$

Activity Fee Volleyball, Baseball, Basketball, Golf, Scholastic Bowl,  
Cheerleading, Jr. High Softball, Jr. High Scholastic Bowl, Jr. High Track  
\$25 each-not to exceed \$50 \$ \_\_\_\_\_

Previous balance owed \$ \_\_\_\_\_

TOTAL      check      cash      \$ \_\_\_\_\_

# HARTSBURG-EMDEN

## C.U.S.D. #21

400 W. FRONT ST., HARTSBURG, IL 62643

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Terry Wisniewski, Superintendent  
Cory Brown, Principal

Phone 217 642-5244  
Fax 217 642-5333

To Whom It May Concern:

This is written authorization by the parent or legal guardian of \_\_\_\_\_,  
a student /former student in Grade \_\_\_\_\_ at \_\_\_\_\_  
School in \_\_\_\_\_, for the School District to forward the above  
mentioned student's records, including

- student's cumulative record
- health records
- student's birth certificate
- student's social security card
- special education files
- transcripts containing the Prairie State and or national ACT scores
- other test scores

\_\_\_\_\_  
Parent, Legal Guardian or Student (18 yrs of age)

\_\_\_\_\_  
Date

Please send to Hartsburg-Emden CUSD #21  
400 W Front Street  
Hartsburg, IL 62643  
Phone (217)642-5244  
Fax (217)642-5333

## Hartsburg-Emden C.U.S.D. #21 Student and Emergency Information

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Home Phone # \_\_\_\_\_

Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ Birth place \_\_\_\_\_ (City/Town/Country if outside US)

Street Address \_\_\_\_\_ PO Box \_\_\_\_\_

City/Town \_\_\_\_\_ State/Zip Code \_\_\_\_\_

Report Cards Sent: Both \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Work Place \_\_\_\_\_ Work Phone # \_\_\_\_\_

Address For Report Cards \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Work Place \_\_\_\_\_ Work Phone # \_\_\_\_\_

Address For Report Cards \_\_\_\_\_ Email \_\_\_\_\_

Guardianship: I certify that I am the legal guardian of above mentioned student \_\_\_\_\_ (Initials)

**When necessary, the school will make every effort to reach parents. If parents cannot be reached quickly, the school is authorized to contact:**

Name	Relationship	Phone #1	Phone #2

Name	Relationship	Phone #1	Phone #2

Name	Relationship	Phone #1	Phone #2

My child will carry an inhaler or epi-pen at school  Yes  No

My child may be given Tylenol or Ibuprofen  Yes  No

My child may be given Tums or cough drops (JH/HS)  Yes  No

My child has life-threatening allergies to food or pets  Yes  No

If yes, please provide additional information \_\_\_\_\_

Allergies my child has \_\_\_\_\_

Child's primary care physician \_\_\_\_\_

Is there a parent that is deployed to active duty or expects to be deployed to active duty during the school year.  
 Yes  No

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

# HARTSBURG-EMDEN C.U.S.D. #21

Terry Wisniewski, Superintendent  
Cory Brown, Principal  
400 West Front St.  
Hartsburg, IL 62643

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Telephone 217-642-5244  
Fax 217-642-5333

## Home Language Survey

The state requires the district to collect a Home Language Survey for every new student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify the need for bilingual and English as a Second Language education services in the schools.

Please answer the questions below

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

1. Does anyone in your home speak a language other than English?

\_\_\_\_\_ Yes      What Language? \_\_\_\_\_

\_\_\_\_\_ No

2. Does your son/daughter speak a language other than English?

\_\_\_\_\_ Yes      What Language? \_\_\_\_\_

\_\_\_\_\_ No

If the answer to either question is yes, the school will assess your child's English language proficiency. The school will measure your child's listening and speaking skills and, for students in grade 2 through 12, reading and writing skills.

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

\_\_\_\_\_  
Date

# Hartsburg-Emden CUSD #21

400 West Front Street

Hartsburg, IL 62643

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Terry Wisniewski, Superintendent

217-642-5244

Cory Brown, District Principal

217-642-5333 (Fax)

Dear Hartsburg-Emden Families,

## **Student Online Personal Protection Act (SOPPA)**

This is a notice that educational technologies used in the District shall further the objectives of the District's educational program, as set forth in Board policy 6:10, Educational Philosophy and Objectives, align with the curriculum criteria in policy 6:40, Curriculum Development, and/or support efficient District operations.

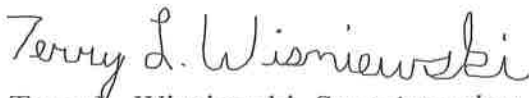
The District and/or vendors under its control may need to collect and maintain data that personally identifies students in order to use certain educational technologies for the benefit of student learning or District operations.

Federal and State law govern the protection of student data, including school student records and/or covered information. The sale, rental, lease, or trading of any school student records or covered information by the District is prohibited. Protecting such information is important for legal compliance, District operations, and maintaining the trust of District stakeholders, including parents, students and staff.

## **Special Education Services**

This is a notice that students with disabilities who do not qualify for an individualized education program, as required by the federal Individuals with Disabilities Education Act and implementing provisions of the School Code, may qualify for services under Section 504 of the federal Rehabilitation Act of 1973 if the child (i) has a physical or mental impairment that substantially limits one or more major life activities, (ii) has a record of a physical or mental impairment, or (iii) is regarded as having a physical or mental impairment.

Sincerely,



Terry L. Wisniewski, *Superintendent*

**Hartsburg - Emden C.U.S.D. #21**

400 West Front St.

Hartsburg, IL 62643

Phone (217) 642-5244 (HS)

Phone (217) 376-3151 (GS)

[twisniewski@hartem.org](mailto:twisniewski@hartem.org)

HARTSBURG-EMDEN COMMUNITY UNIT SCHOOL DISTRICT #21

**Permission Slip for Field Trips - School Year 2021-2022**

To Whom It May Concern:

This will verify that my child, \_\_\_\_\_, in the \_\_\_\_\_ grade at Hartsburg-Emden Community Unit School District #21, has my permission to participate in upcoming field trips for the school year 2021-2022.

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

\_\_\_\_\_  
Date

\*\*\*\*\*

**Medical Treatment and Insurance Information**

Parent/Guardian: Please complete and sign the medical treatment authorization form below.

To Whom It May Concern:

This will grant permission for the proper medical treatment to be obtained for my child, \_\_\_\_\_ should there be a reason for such treatment.

I understand contact will be attempted if there is an emergency, but this form provides permission for treatment should you not be able to be reached.

\_\_\_\_\_ I do not have insurance coverage

\_\_\_\_\_ I have insurance coverage with \_\_\_\_\_  
Name of Company

The following is pertinent information to the insurance coverage (particular doctor, hospital, etc):

\_\_\_\_\_

List any medications the student takes \_\_\_\_\_

My child is allergic to \_\_\_\_\_

Additional comments/information \_\_\_\_\_

I understand and will abide by the above *Authorization for Internet Access*. I further understand that should I commit any violation, my access privileges may be revoked, and school disciplinary action and/or appropriate legal action may be taken. In consideration for using the District's Internet connection and having access to public networks, I hereby release the School District and its Board members, employees and agents from any claims and damages arising from my use, or inability to use the Internet.

DATE: \_\_\_\_\_

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USER SIGNATURE

*(Required if the user is a student:)*

I have read this *Authorization for Internet Access*. I understand that access is designed for educational purposes and that the District has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the District to restrict access to all controversial and inappropriate materials. I will hold harmless the District, its employees, agents or Board members, for any harm caused by materials or software obtained via the network. I accept full responsibility for supervision if and when my child's use is not in a school setting. I have discussed the terms of this *Authorization* with my child. I hereby request that my child be allowed access to the District's Internet.

DATE: \_\_\_\_\_

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PARENT/GUARDIAN NAME (PLEASE PRINT)

SIGNATURE: \_\_\_\_\_

\* Adopted January 13, 1997

# Hartsburg-Emden CUSD #21

400 West Front Street  
Hartsburg, IL 62643

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TERRY WISNIEWSKI, SUPERINTENDENT

217 642-5244

CORY BROWN, District PRINCIPAL

217 642-5333 (Fax)

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## Exhibit - Agreement to Participate

Student Name (*printed*) \_\_\_\_\_

1. I wish to participate in the interscholastic athletics or intramural athletics.

Sport or Activity: \_\_\_\_\_

2. I acknowledge reading the eligibility rules of any group or association sponsoring any athletic activity in which I want to participate and I agree to abide by them.
3. Before I am allowed to participate, I must: (a) provide the School District with a certificate of physical fitness (the *Pre-Participation Physical Examination Form* from the IHSA or IESA serves this purpose), (b) show proof of accident insurance coverage, and (c) complete all forms required by any association sponsoring the interscholastic athletic activity, including when applicable and without limitation, *IHSA Sports Medicine Acknowledgment & Consent Form, Acknowledgement and Consent*. IHSA refers to the Illinois High School Association and IESA refers to the Illinois Elementary School Association.
4. I agree to abide by all conduct rules and will behave in a sportsmanlike manner. I agree to follow the coaches' instructions, playing techniques, and training schedule as well as all safety rules.
5. I understand that Board policy 7:305, *Student Athlete Concussions and Head Injuries*, requires, among other things, that a student athlete who exhibits signs, symptoms, or behaviors consistent with a concussion or head injury must be removed from practice or competition at that time and that the student will not be allowed to return to play or practice until he or she has successfully completed return-to-play and return-to-learn protocols, including having been cleared to return by the treating physician licensed to practice medicine in all its branches, physician assistant, treating advanced practice registered nurse, or a certified athletic trainer working under the supervision of a physician.
6. I am aware that with participation in sports comes the risk of injury, and I understand that the degree of danger and seriousness of risk vary significantly from one sport to another with contact sports carrying the highest risk. I am aware that participating in sports involves travel with the team. I acknowledge and accept the risks inherent in the sport(s) or athletics in which I will be participating and in all travel involved. I agree to hold the District, its employees, agents, coaches, School Board members, and volunteers harmless from any and all liability, actions, claims, or demands of any kind and nature whatsoever that may arise by or in connection with my participating in the school-sponsored interscholastic sport(s) or intramural athletics. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

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Student Signature

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Date



**To be read and signed by the parent/guardian of the student:**

1. I am the parent/guardian of the above named student and give my permission for my child to participate in the interscholastic sport(s) or intramural athletics indicated. I have read the above *Agreement to Participate* and understand its terms.
2. I understand that all sports can involve many **risks of injury**, and I understand that the degree of danger and seriousness of risk vary significantly from one sport to another with contact sports carrying the higher risk. I am aware that participating in sports involves travel with the team. In consideration of the School District permitting my child to participate, I agree to hold the District, its employees, agents, coaches, Board members and volunteers harmless from any and all liability, actions, claims or demands of any kind and nature whatsoever that may arise by or in connection with the participation of my child in the sport(s) or athletics. I assume all responsibility and certify that my child is in good physical health and is capable of participation in the above indicated sport or athletics.

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

\_\_\_\_\_  
**Date**

**Emergency Contact Information**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Day phone number: \_\_\_\_\_ Evening phone number: \_\_\_\_\_  
Cell phone number: \_\_\_\_\_ Other: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Day phone number: \_\_\_\_\_ Evening phone number: \_\_\_\_\_  
Cell phone number: \_\_\_\_\_ Other: \_\_\_\_\_

**Exhibit - Authorization for Medical Treatment**

_____ Student	_____ Sport/Activity
_____ Parent/Guardian	_____ Home phone
_____ Home address	_____ Cell phone
_____ Physician	_____ Physician phone

Medical Information: *(list allergies, medications, conditions and any known restrictions)*

In the event of a medical emergency and if reasonable attempts to contact me using the telephone numbers listed above are unsuccessful:

I, as parent or legal guardian of the above student, do hereby authorize:

1. Treatment by a licensed medical physician of my child in the event of a medical emergency that, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed, and
2. Transfer of my child to any hospital reasonably accessible at my expense.

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

\_\_\_\_\_  
Date

# HARTSBURG-EMDEN C.U.S.D. #21

Terry Wisniewski, Superintendent  
Cory Brown, Principal  
400 West Front St.  
Hartsburg, IL 62643

Telephone 217-642-5244  
Fax 217-642-5333

## Student Handbook Sign-Off

This is to verify that we have received the student handbook, which includes the school bus rider rules and the extra-curricular participation rules. We reviewed the content of the student handbook and will adhere to the policies and procedures included in them. We have proof of health insurance for our child/children that are participating in sports.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## Permission for Riding School Bus for Athletic Practices/Contests

I give permission for my child to ride the Hartsburg-Emden Community Unit School District #21 school bus for 2021-2022 athletic practices/contests as needed. It will be my responsibility as to when, how and with whom they will get home.

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

\_\_\_\_\_  
Date

**This form must be returned to the high school office by August 31, 2021.**

Student's Full Name PRINTED \_\_\_\_\_ Grade \_\_\_\_\_

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### **Denial of Consent to Release Student Information**

#### **For the parents of students under the age of 18**

*I request that Hartsburg-Emden C.U.S.D. #21*

- Not release the name, address or telephone number of my son/daughter to any military recruiter or military recruiting organization without my prior written consent.
- Not release the name, address or telephone number of my son/daughter to any institution of higher learning without my written prior consent.
- Not release the information of any kind, including "directory information" concerning my son/daughter without my prior written consent.

Parent/Guardian signature: \_\_\_\_\_

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

#### **For students 18 years of age or older**

*I request that Hartsburg-Emden C.U.S.D. #21*

- Not release the name, address or telephone number to any military recruiter or military recruiting organization without my prior written consent.
- Not release the name, address or telephone number to any institution of higher learning without my written prior consent.
- Not release the information of any kind, including "directory information" concerning me without my prior written consent.

Student signature: \_\_\_\_\_

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

# HARTSBURG-EMDEN C.U.S.D. #21

Terry Wisniewski, Superintendent  
Cory Brown, Principal  
400 West Front St.  
Hartsburg, IL 62643

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Telephone 217-642-5244  
Fax 217-642-5333

## VEHICLE REGISTRATION FORM

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

Make/Model of Vehicle \_\_\_\_\_

Color \_\_\_\_\_

Year of Vehicle \_\_\_\_\_

License Plate Number \_\_\_\_\_

If you change vehicles during the school year, please fill out a new form in the office.

This form must be turned in to the high school office by August 31, 2021.

# HARTSBURG-EMDEN C.U.S.D. #21

Terry Wisniewski, Superintendent  
Cory Brown, Principal  
400 West Front St.  
Hartsburg, IL 62643

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Telephone 217-642-5244  
Fax 217-642-5333

July 1, 2021

To: Parents/Guardians

RE: Offender Community Notification Laws

State law requires our administration to notify parents/guardians during school registration that information about sex offenders and violent offenders against youth is available to the public.

You may find the Illinois Sex Offender Registry on the Illinois State Police's website at:  
<http://www.isp.state.il.us/sor/>

You may find the Illinois Statewide Child Murderer and Violent Offender Against Youth Registry on the Illinois State Police's website at: <http://www.isp.state.il.us/cmvo/>

**Only fill  
out if you  
wish to be  
notified**

# HARTSBURG-EMDEN C.U.S.D. #21

Terry Wisniewski, Superintendent  
Cory Brown, Principal  
400 West Front St.  
Hartsburg, IL 62643

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Telephone 217-642-5244  
Fax 217-642-5333

Dear Parents, Guardians and Staff:

Hartsburg-Emden Community Unit District #21 practices Integrated Pest Management, a program that combines preventive techniques, non-chemical pest control methods, and the appropriate use of pesticides with a preference for products that are the least harmful to human health and the environment. The term "pesticide" includes insecticides, herbicides, rodenticides and fungicides.

**The school district is establishing a registry of people who wish to be notified prior to any pesticide applications. To be included in this registry, please complete the bottom portion of this letter and submit it to Terry Wisniewski, Superintendent.**

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## PESTICIDE APPLICATION REGISTRY

I would like to be notified two days before the use of pesticides at the school. I understand that if there is an immediate threat to health or property that requires treatment before notification can be sent out, I will receive notification as soon as practicable.

Parent/Guardian's Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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

Grade \_\_\_\_\_

Address \_\_\_\_\_

**Only fill out if  
your student will  
be taking  
prescribed  
medication at  
school (including  
inhaler and  
EpiPen)**



**School Medication Authorization Form**

*To be completed by the child's parent(s)/guardian(s).*

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

*To be completed by the student's physician:*

Physician's Printed Name: \_\_\_\_\_  
Office Address: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
Medication Name: \_\_\_\_\_  
Purpose: \_\_\_\_\_  
Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_  
Time medication is to be administered or under what circumstances: \_\_\_\_\_  
\_\_\_\_\_  
Prescription Date: \_\_\_\_\_ Order Date: \_\_\_\_\_ Discontinuation Date: \_\_\_\_\_  
Diagnosis requiring medication: \_\_\_\_\_  
Is it necessary for this medication to be administered during the school day?  Yes  No  
Expected side effects, if any: \_\_\_\_\_ Time interval for re-evaluation: \_\_\_\_\_  
Other medications student is receiving: \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature Date

*For only parents/guardians of students who need to carry asthma or an EpiPen®:*

I authorize the School District and its employees and agents, to allow my child or ward to possess and use his or her asthma medication and/or epinephrine auto-injector: (1) while in school, (2) while at a school-sponsored activity, (3) while under the supervision of school personnel, or (4) before or after normal school activities, such as while in before-school or after-school care on school-operated property. Illinois law requires the School District to inform parent(s)/guardian(s) that it, and its employees and agents, incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self-administration of medication or epinephrine auto-injector (105 ILCS 5/22-30). **If you agree please initial:** \_\_\_\_\_

For parent(s)/guardian(s) of students who have asthma:

I authorize the School District and its employees and agents, to allow my child or ward to possess and use his or her asthma medication (1) while in school, (2) while at a school-sponsored activity, (3) while under the supervision of school personnel, or (4) before or after normal school activities, such as while in before-school or after-school care on school-operated property. Illinois law requires the School District to inform parent(s)/guardian(s) that it, and its employees and agents, incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self-administration of medication (105 ILCS 5/22-30).

If you agree please initial: \_\_\_\_\_  
Parent(s)/Guardian(s) Initial

By signing below, I agree:

- I. That I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize the School District and its employees and agents, in my behalf and stead, to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of the School District), lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse, and specifically consent to such practices and
- II. To indemnify and hold harmless the school district and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the self-administration of medication by the pupil.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Printed Name

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

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

\* Both parents and/or guardians, if available, should sign.

If your child has any health problems, please list so that the teachers and staff may be informed in case of emergencies.

For parent(s)/guardian(s) of students who need to carry an epi-pen:

I authorize the School District and its employees and agents, to allow my child or ward to possess and use his or her epi-pen (for bee stings) (1) while in school, (2) while at a school-sponsored activity, (3) while under the supervision of school personnel, or (4) before or after normal school activities, such as while in before-school or after-school care on school-operated property. Illinois law requires the School District to inform parent(s)/guardian(s) that it, and its employees and agents, incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self-administration of medication (105 ILCS 5/22-30).

If you agree please initial: \_\_\_\_\_  
Parent(s)/Guardian(s) Initial

By signing below, I agree:

- I. That I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize the School District and its employees and agents, in my behalf and stead, to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of the School District), lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse, and specifically consent to such practices and
- II. To indemnify and hold harmless the school district and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the self-administration of medication by the pupil.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Printed Name

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

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

\* Both parents and/or guardians, if available, should sign.

If your child has any health problems, please list so that the teachers and staff may be informed in case of emergencies.

**Only fill out the  
Free-Reduced Form**

**IF you wish to see if you qualify for  
Free-Reduced registration fees.**

**Hartsburg-Emden CUSD #21  
Will continue to use the USDA free meals  
program for the  
2021-2022 school year.**

Check if Error Prone Application

**1. All Household Members (Attach another sheet of paper if necessary.)**

NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	(for Student only) School Name	(for Student only) Grade	SNAP OR TANF CASE NUMBER ONLY Skip to Part 4 if you list a SNAP or TANF case number. At least one SNAP/TANF must be provided below. If you receive Medicaid and were not directly certified for free meals, you <b>MUST</b> apply based on household size and income.	Check if Foster Child*
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

\* A foster child is the legal responsibility of a welfare agency or court.

**2. Homeless, Migrant, Runaway, or Head Start (Categorically eligible)**

Homeless    Migrant    Runaway    Head Start

Signature of Your School Homeless Liaison, Migrant Coordinator, or Head Start Director \_\_\_\_\_ Date \_\_\_\_\_

**3. Total Household Gross Income (before deductions) You must tell us how much and how often.**

A. NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 /twice a month; \$100/every other week; \$100/week)							
	B. Earnings From Work (Before Deductions)		C. Welfare, Child Support, Alimony		D. Pensions, Retirement, Social Security		E. Worker's Comp., Unemployment, SSI, etc. (All other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
i.	\$		\$		\$		\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

**4. Signature and Social Security Number (Adult must sign)**

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her social security number or mark the *I do not have a social security number* box.  I do not have a social security number.

X X X - X X - \_\_\_\_\_  
Social Security Number

*I certify (promise) all information on this application is true and all income is reported. I understand the school will get Federal funds based on the information I give. I understand school officials may verify (check) the information. I understand if I purposely give false information, my children may lose meal benefits and I may be prosecuted.*

\_\_\_\_\_ Date    Printed Name of Adult Household Member    Signature of Adult Household Member

**5. Contact Information (Optional)**

Work Telephone Number (Include Area Code) \_\_\_\_\_ Home Telephone Number (Include Area Code) \_\_\_\_\_ Home Address (Number, Street, City, State, Zip Code) \_\_\_\_\_

**6. Children's Racial and Ethnic Identities (Optional)**

Mark one ethnic identity:    Mark one or more racial identities:

Hispanic/Latino     Asian     Black or African American     Native Hawaiian or Other Pacific Islander

Not Hispanic/Latino     White     American Indian or Alaska Native

**— THE FOLLOWING SECTIONS ARE FOR SCHOOL USE ONLY —**

**INITIAL DETERMINATION**

TOTAL INCOME \$ \_\_\_\_\_ Per:  Week    Every 2 Weeks    Twice a Month    Month    Year   NUMBER IN HOUSEHOLD: \_\_\_\_\_ CHANGE IN STATUS: \_\_\_\_\_ Date \_\_\_\_\_

LEAs must annualize income only when multiple incomes, at varying frequencies, are reported.  
Annual Income Conversion Weekly X 52   Every 2 Weeks X 26   Twice a Month X 24   Once a Month X 12

Free based on:  
 homeless    migrant    runaway    Head Start  
 SNAP or TANF    foster child    household's income

Reduced based on:  
 household's income

Denied—Reason:  
 income too high    incomplete application    Non-qualifying SNAP/TANF

Date Withdrawn: \_\_\_\_\_  
Date: \_\_\_\_\_  
Signature of Determining Official \_\_\_\_\_