

Student Registration Report with Medical Information  
Bowring Public School

Last Name	First Name	Middle Name
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Legal Last Name	Legal First Name	Legal Middle Name
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Social Security Number	Grade	Gender	Race
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Address	City	State	Zip	County
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Birthdate	Birthplace	Home Phone	Cell Phone
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Previous School Attended	Address	City	State	Zip	Phone
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Fathers Full Name	Work Number	Cell Number
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Mothers Full Name	Work Number	Cell Number
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Emergency Contact #1 \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact #3 \_\_\_\_\_ Phone Number \_\_\_\_\_

In Case of emergency, if necessary, take student to nearest Medical Facility? Circle One Yes No

The school has permission to give age appropriate dosage of Tylenol? Circle one Yes No

Doctors Name \_\_\_\_\_ Phone Number \_\_\_\_\_

NICOLE HINKLE  
Superintendent

RHONDA KOHNLE  
Vice President  
Board of Education

JOHN STROM  
President  
Board of Education

GINGER CHINN  
Clerk  
Board of Education

MELISSA STOY  
Treasurer

TAMMY BUTCHER  
Encumbrance Clerk

## Bowring School Dist. C007

Mailing Address: 87 CR 3304 Pawhuska, OK 74056  
Physical Address: 1001 Lottie Street Bowring, OK 74009  
Phone: 918-336-6892 Fax: 918-336-1348

PARENTS: Please complete this form as accurately as you can. We request this information at enrollment to assist us in planning for special services that your child may require.

Students Name: \_\_\_\_\_ Date of Enrollment \_\_\_\_\_

1) Does your child have a diagnosis that might affect his/her educational performance? (for example: ADHD, Autism, Arthritis, or anything else) YES \_\_\_ NO \_\_\_

2) Does your child have an Individualized Education Program (IEP)? YES \_\_\_ NO \_\_\_

What services/support does your child receive?

Resource room (circle area) Yes \_\_\_ No \_\_\_

Math, Reading, Other: \_\_\_\_\_

Speech/Language Yes \_\_\_ No \_\_\_

Occupational Therapy Yes \_\_\_ No \_\_\_

Physical Therapy Yes \_\_\_ No \_\_\_

Behavioral Interventions Yes \_\_\_ No \_\_\_

Gifted Yes \_\_\_ No \_\_\_

3) Has your child ever been tested for special education services, even if he/she did not qualify? Yes \_\_\_ No \_\_\_

4) Does your child have a 504 Plan? Yes \_\_\_ No \_\_\_

5) Does your child receive Title I services? Yes \_\_\_ No \_\_\_

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

\_\_\_\_\_  
Date

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The following people are approved to pick up my child, \_\_\_\_\_  
without me calling in to notify.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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Dear Parents,

Bowring School has been approved to give the rapid COVID test to students and employees. We would only test a student after speaking with you, but we must report a positive test to the Health Department. By signing this, I would be able to give a test after speaking to you and not having to wait for written consent. Also, by signing you give me permission to contact Health Department in the event of a positive test. I know there has been a lot of speculation about how valid the test is. I have been told a negative result is very accurate, but if I get a positive result, I should send them on for the other type of test. It isn't mandatory that you sign this permission slip, but I am hoping to keep kids from having to be quarantined for 10 days when they didn't have the virus. If you have any questions please call the school.

Sincerely,  
Nicole Hinkle

I \_\_\_\_\_ give permission for my child, \_\_\_\_\_, to have a COVID test after being contacted and giving verbal permission. I understand that a positive test will have to be reported to the Health Department, so contact tracing can begin.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

# AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION ("PHI")

Patient Name: \_\_\_\_\_

Medical Record #: \_\_\_\_\_

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

Social Security #: \_\_\_\_\_

I hereby authorize the Oklahoma State Department of Health ("OSDH") to release the following information to:

\_\_\_\_\_  
Name and Address of School or Organization

and

\_\_\_\_\_  
Name and Address of Alternative School or Organization

## Information to be shared:

Medical information relating to a positive confirmation of the novel coronavirus (SARS-CoV-2 or COVID-19) in the patient named above.

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

To notify the school that the patient attends in order for the school and OSDH to take measures that prevent the further spread of the coronavirus.

I understand that by voluntarily signing this authorization:

- I authorize the use or disclosure of the PHI as described above for the purpose(s) listed.
- I have the right to withdraw permission for the release of my information. If I sign this authorization to use or disclose information, I can revoke this authorization at any time. The revocation must be made in writing to the person/organization disclosing the information and will not affect information that has already been used or disclosed.
- I have the right to receive a copy of this authorization.
- I understand that unless the purpose of this authorization is to determine payment of a claim for benefits, signing this authorization will not affect the eligibility for benefits, treatment, enrollment or payment of claims.
- The medical information may indicate that the patient has a communicable and/or non-communicable disease which may include, but is not limited to diseases such as the novel coronavirus, hepatitis, syphilis, gonorrhea or HIV or AIDS and/or may indicate that I have or have been treated for psychological or psychiatric conditions or substance abuse.
- I understand I may change this authorization at any time by writing to the person/organization disclosing the PHI.
- I understand I cannot restrict information that may have already been shared based on this authorization.
- Information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and no longer be protected by the Privacy Regulation.

Unless revoked or otherwise indicated, this authorization's automatic expiration date will be one year from the date of my signature or upon the occurrence of the following event: \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Expiration date (if longer than one year from date of signature or no event is indicated)

A R Policy for Bowring School  
A R points = 25% of total Reading grade

1. All AR tests must be taken on books read this school year.
2. Prior authorization by teacher is required in order to read any book that are:
  - Grades 3 & 4: one level below a student's current grade level. Students are expected to read at their current grade level. (3<sup>rd</sup> grade students read level three, 4<sup>th</sup> grade students read level four)
  - Grades 5 & 6: two levels below a student's current grade level. Students are encouraged to at or no more than one grade level below their grade level.
  - Grades 7 & 8: 5<sup>th</sup> grade or above. Because of the lack of availability in the 7<sup>th</sup> and 8<sup>th</sup> grade books, students are permitted to read any book that is two levels below their current grade level.
3. No ½ point books are permitted unless student is within ½ point away from reaching AR goal for the 9-week period. (1/2-point books = an average of 1000 words; whereas, 1 point books = an average of 6000 words.
4. Prior authorization by teacher is required in order to take a test on any book within one week of another student taking the test on the same book. Exemption would books read orally in group or class setting. On books read orally, no student is ever permitted to take an AR test sitting next to someone taking the same test or at the same time without direct adult supervision in AR testing area.
5. Prior authorization by teacher is required in order to read any book that is not checked out in a student's name. (i.e.: you can not take a test on a book you have not checked out in your name unless teacher has written proof and/or observes you reading the book) Books from home and electronic books need to be pre-approved.
6. Any student caught sharing or receiving answers to AR test questions will not only lose the AR points from that particular book, but also receive penalty points deducted for their AR grade. No paper or pens/pencils are permitted in the AR testing area. Teacher has the option of requiring the AR test to be taken again if suspected cheating is involved.
7. It is the student's responsibility to obtain all necessary authorizations from the teacher.
8. AR tests may not be taken over books that the teacher reads to the class for points that count toward the AR goal for the grading period.

I \_\_\_\_\_ have read this policy. \_\_\_\_\_  
Students Name Date

I \_\_\_\_\_ understand my child's AR reading responsibility. \_\_\_\_\_  
Parents Name Date

Bowring School  
87 County Road 3304 1001 Lottie Street  
Pawhuska OK 74056  
Phone: 918-336-6892 Fax: 918-336-1348

Appendix A

The Bowring school district and the parents participating in activities, services, and programs funded by Title I, Part A of the Elementary and Secondary Education Act (ESEA) (participating children), agree that this compact outlines how the parents, the entire school staff, and the students will share the responsibility for improved student academic achievement and the means by which the school and the parents will build and develop a partnership that will help children achieve the State's high standards.

This school-parent compact is in effect during your child's enrollment in this school.

SCHOOL RESPONSIBILITIES

The BOWRING SCHOOL DISTRICT WILL:

- Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables the participating children to meet the State's student academic achievement standards.
- Hold parent-teacher conferences (at least annually in elementary schools) during which this compact will be discussed as it relates to the individual child's achievement.
- Provide parents with frequent reports on their children's progress.
- Provide parent with reasonable access to staff.
- Provide parents opportunities to volunteer and participate in their child's class and to observe classroom activities.

PARENTS RESPONSIBILITIES

We as parents will support our children's learning in the following ways:

- Monitoring attendance.
- Ensuring that homework is complete.
- Monitoring the amount of television children watch.
- Volunteering in child's classroom.
- Participating, as appropriate, in decisions relating to my child's education.
- Prompting positive use of my child's extracurricular time.
- Staying informed about my child's education and communicating with the school by promptly reading all notices from the school or the school district either received by my child or by mail and responding, as appropriate.
- Serving, to the extent possible, on policy advisory groups, such as being the Title I, Part A parent representative on the school's School Improvement team, the Title I Policy Advisory Committee, the District-wide Policy Advisory council, the State's Committee of Practitioners, the School Support Team or other school advisory of policy groups.

STUDENT RESPONSIBILITIES

We, as the students, will share the responsibility to improve our academic achievement and achieve the state's high standards. Specifically, I will:

- Do my homework every day and ask for help when I need it.
- Read at least 30 minutes every day outside of school time.
- Give my parents or the adult who is responsible for my welfare all notices and information received from my school every day.

Bowring Public School

Date

Parent

Date

Student

Date

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

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

**Student Information**

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

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

**Tribal Membership**The individual with Tribal membership is the (select only one): ☐ child ☐ child's parent ☐ child's grandparentIf the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: \_\_\_\_\_Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

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

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

The Tribe or Band is (select only one):

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

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

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

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

**Attestation Statement**

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

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

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

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



Students Name \_\_\_\_\_ Date \_\_\_\_\_

Please Initial

\_\_\_\_ I give permission for my child to have his/her picture published in the yearbook, newspaper, webpage, Facebook or on anything else that may become public. Only students with this initialed will be able to appear.

\_\_\_\_ In the event of an emergency, I authorize the school principal, secretary, or superintendent designee to take my child to the nearest medical facility. My child's physician is \_\_\_\_\_ and their phone number is \_\_\_\_\_.

\_\_\_\_ If my child becomes ill at school, I authorize the school principal, secretary, or superintendent designee to administer non-prescription medication to my child in the event that I cannot be contacted to give consent to administer the same. Regular medications should be checked into the office. It should be in a container, appropriately labeled by the pharmacy or physician with the name of the student, medication name, dosage, and the time for it to be administered.

\_\_\_\_ In accordance with the Senate Bill #371, Bowring School must have written consent before any students name can be listed in the school directory. I give permission for my child to be listed.

\_\_\_\_ I DO NOT WANT MY CHILD LISTED IN THE DIRECTORY

\_\_\_\_ I give consent for Bowring Public School to administer corporal punishment (paddle) to my child as outlined in the school board policy. This is valid for the school year 2023-2024

\_\_\_\_ I DO NOT CONSENT TO THE ADMINISTRATION OF CORPORAL PUNISHMENT TO MY CHILD. THIS IS VALID FOR THE 2023-2024 SCHOOL YEAR.

\_\_\_\_ I have read and received the Bowring School Policies and Ruled and agree with them as written.

\_\_\_\_ I have read and received the AR Policy for Bowring Public School and agree with it as written.

I have initialed all the above items I agree with as written.  
Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2023

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

Students Name \_\_\_\_\_ Grade \_\_\_\_\_

Bowring School  
Parent Authorization Form  
2023-2024

This notice is to inform parents of possible student screenings, periodically, through the school year.

The screening activities may include vision, hearing, speech and language. The results of any screening are made available to parents or legal guardians, teachers, and school administrators. No child shall be screened without a parent authorization for on file.

Please sign one of the blanks below:

I authorize the Bowring Schools to screen my child: \_\_\_\_\_  
Students Name

I do not wish my child \_\_\_\_\_ to be screened.  
Students Name

\_\_\_\_\_  
Parents Name

\_\_\_\_\_  
Date

2023-2024 Application for Free and Reduced-Price School Meals Complete one application per household. Please use a pen (not a pencil).

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

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

Definition of Household Member—Anyone who is living with you and shares income and expenses, even if not related.	Child's First Name	M I	Child's Last Name	School Name	Grade	Birth Date	Student? Yes No	Foster Child	Homeless, Migrant, Runaway
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.							<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	

STEP 2 Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

If No, go to STEP 3. If Yes, write a case number here, then go to STEP 4. (Do not complete STEP 3.)

Case Number: \_\_\_\_\_

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 Adult chart will help you with the All Adult House Members section.

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

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

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

Total Household Members (Children and Adults) \_\_\_\_\_

STEP 4: Contact information and adult signature

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

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

Check if No SSN ☐

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

Street Address (if available) Apt # City State Zip Code Daytime Phone and E-Mail (Optional)

Printed Name of Adult Signing the Form Signature of Adult Today's Date

INSTRUCTIONS Sources of Income

Sources of Child Income	
Sources of Child Income	Example(s)
• Earnings from work	• A child has a regular full- or part-time job where he/she earns a salary or wages
• Social Security — Disability payments — Survivor's benefits	• A child is blind or disabled and receives social security benefits • A parent is disabled, retired, or deceased, and his/her child receives social security benefits
• Income from persons <i>OUTSIDE</i> the household	• A friend or extended family member <i>REGULARLY</i> gives a child spending money
• Income from any other source	• A child receives income from a private pension fund, annuity, or trust

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Ethnicity (Check One): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (Check One or More): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

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

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiobook, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice) and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2M3a11.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: [program.intake@usda.gov](mailto:program.intake@usda.gov) This institution is an equal opportunity provider.

Sources of Income for Adults		
Earnings From Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All Other Income
• Salary, wages, cash bonuses • NET income from self-employment (farm or business) If you are in the U.S. Military: • Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) • Allowances for off-base housing, food, and clothing	• 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	• 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

Do not fill out For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income:  How Often? ☐ Annually ☐ Bi-Weekly ☐ 2 x Month ☐ Monthly

Determining Official's Signature:  Date:  Household Size:  Categorical Eligibility: ☐ Date:  Verifying Official's Signature:  Date:

Eligibility: ☐ Free ☐ Reduced ☐ Denied

Student Name:		Today's Date:	
Date of Birth:	Grade:	School:	

Your child may be eligible for additional educational services through Title X, Part C McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.

**Where are you and your family currently living? Please check one of the boxes below.**

**SECTION A**

☐ Rent/own my own home or apartment

**STOP:** If you checked the box that you rent/own your own home or apartment skip to the bottom of the page, sign the form, and then submit to school personnel. If you do not rent/own your own home or apartment, please continue to the next section.

**SECTION B**

☐ Temporarily with another family member or friend until we can locate affordable housing

☐ In an emergency or transitional shelter

☐ In a vehicle, park, campground, or on the streets

☐ In a house, building, or trailer WITHOUT running water or electricity

☐ In a hotel or motel

☐ With an adult that is not a parent or legal guardian

☐ Alone or in different locations, without an adult serving as a caregiver

☐ Wherever I can find a place to stay at night

☐ Other Please Explain:

**If you checked a box in section B, in the space below please list all children currently living with you who attend "name" Public Schools.**

FIRST & LAST NAME OF STUDENT	MALE OR FEMALE	DATE OF BIRTH	GRADE	SCHOOL NAME

Would you like to be contacted by an employee of the school to discuss additional educational services that may be available to your child? ☐ Yes ☐ No

**The undersigned certifies that the information provided is correct and accurate.**

(Print) Parent/Guardian or Adult Caring for the Student: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Signature: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_