



Fairfield Local Schools

11611 St. Rt. 771

Leesburg, Ohio 45135

Phone: 937-780-2221 --Fax: 937-780-6900

Registration Requirements

Central Registration enrolls all new students entering Kindergarten through 12th grade for the entire Fairfield Local School District. The registration office is located in the District Office.

Registration is available Monday through Thursday from 7:30am to 2:30pm. Please call 937-780-2221 to schedule an appointment.

The following are required to complete the enrollment process. Please bring to your enrollment appointment.

- Student's certified birth certificate or passport
- Student's immunization form or records
- Student's social security card (or copy of submitted tax form)
- Proof of custody (if applicable)
 - *Official court documents showing custody or guardianship. If custody is in process, at the Superintendent's discretion, 60 days may be granted to finalize the official documents. We must have a letter from an attorney or the courts to show the status of the case. If not completed within 60 days, the Superintendent has the right to revoke the student's enrollment status.*
- Student's grade card or transcript from previous school (if applicable)
- Name and address of student's previous school (if applicable)
- Copy of student's IEP/special education records (if applicable)
- Parent's driver's license or state ID
- Proof of residency
 - utility bill (electric, water, gas), purchase agreement, rent receipt, lease agreement
 - If any of the above are not available, you must provide:
 - Utility bill with the person's name where you are residing
 - Proof of Residency and Landlord Rent Verification forms must be completed
 - CELL PHONE BILLS are not acceptable.

Students will begin attending school approximately 3 days after registration is completed. This allows Fairfield Local Schools to process all enrollment information and prepare for the new student.

If you have any questions concerning registration requirements or documentation, please contact Ms. Cloud at 937-780-2221 or angie.cloud@fairfield.k12.oh.us.



Fairfield Local Schools

11611 St. Rt. 771
Leesburg, Ohio 45135
Phone: 937-780-2221 --Fax: 937-780-6900

Student Registration Form

Student's Legal First Name _____ Legal Middle Name _____ Legal Last Name _____ Called Name _____

Mother's Maiden Name _____ Student SS# _____ Student Birth Date _____ Grade _____

Address _____ PO Box # _____ Apt. # _____ Lot # _____

City _____ State _____ Zip _____ Home Phone _____ Cell Phone _____

Gender M/F _____ Birthplace City, State _____ Native Language _____

Citizen Status of Student

US Citizen Foreign Exchange Student Non-US Citizen/Immigrant

Immigrant students are:

1. Age 3-21
2. Not born in the US
3. Have not attended one or more schools in any one or more states for more than 3 academic years.

This student has lived in the US since: _____ Has student attended Fairfield Local before? Yes No

Race/Ethnicity of Student

Is the student from Hispanic/Latino heritage: Yes No

Please choose one of the following: White Black or African American Asian
 American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander

Note: If not completed, the student will be coded on a visual basis, per government reporting regulations

Parent Information

Student is living with: **Two Parents (natural or step)**
 Mother & Father Mother & Mother Mother & Step-Father Father & Father Father & Step-Mother
One Parent (natural or step)
 Mother Father Legal Guardians Foster Parents

Status of Parents (check one): Married Divorced Widowed Separated Single/Never Married

If divorced, who has legal custody: Mother Father Shared Parenting Custody Papers on File?

Are you the natural/adoptive parent(s) of the student? Yes No Are you the guardian of the student? Yes No

Was the student placed in your home? Yes No If yes, are court papers provided? Yes No

Date of assignment: _____ County: _____ Placing Agency: _____

If foster/guardian, in which school district did the natural parents reside at the time of placement? _____

Name of Parent(s) or Guardian(s) listed above: _____

Siblings in the Fairfield Local School District:

Name: _____ Grade: _____ Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

Is this student receiving Special Education Services? Yes No If yes, does student have a current I.E.P.? Yes No
If yes, does student have a current 504 Plan? Yes No Is this student receiving Gifted Education Services? Yes No If yes, does student have a current education plan? Yes No

OFFICE USE ONLY

School _____ ID _____ New _____ Re-Enrolled _____ Bus In _____ Bus Out _____

Homeroom Teacher _____ Group ID _____ Sec _____ Emailed Staff _____

Enrolled by _____ Date Enrolled _____ Start Date _____ Input by Date _____



Fairfield Local Schools

11611 St. Rt. 771
Leesburg, Ohio 45135
Phone: 937-780-2221 – Fax: 937-780-6900
www.fairfieldlocal.org

School Messenger Contact Information Form

Dear Parent/Guardian:

The Fairfield Local School District utilizes the automated messaging system *School Messenger*. We will be using this system for closings, delays, athletic events, school activities, absences and lunchroom account notifications.

For *School Messenger* to operate effectively, we need accurate contact information for our students. This includes any/all phone numbers that should be called. Some messages can also be sent to an email address or as a text message (not all messages have this option).

If at any time your phone numbers change (the numbers you are providing on this form), you will need to notify the school immediately so you will continue to receive the *School Messenger* notification calls.

The *School Messenger* system is a secure, password-protected service and is accessible only by school administration. All information is kept confidential and used only by Fairfield Local School District.

Thank you for your cooperation and support.

SCHOOL MESSENGER Student Contact Information

>>> Only provide email/phone numbers that you want to receive the School Messenger notifications. <<<

Student : _____ Grade: _____

Student Cell Phone to be added to School Messenger: _____

Name _____
Relation to Student _____
Email _____
Home _____
Cell _____
Work _____

Name _____
Relation to Student _____
Email _____
Home _____
Cell _____
Work _____

Name _____
Relation to Student _____
Email _____
Home _____
Cell _____
Work _____

Name _____
Relation to Student _____
Email _____
Home _____
Cell _____
Work _____



Fairfield Local Schools

11611 St. Rt. 771
Leesburg, Ohio 45135
Phone: 937-780-2221 --Fax: 937-780-6900

Residency Requirements

Residency requirements for attendance purposes at a public school system are specifically governed by Ohio Revised Code Section 3313.64. Citing that section in part:

“Parent” means either parent, unless the parents are separated or divorced or their marriage has been dissolved or annulled, in which case “parent” means the custodial parent. If the parents are separated and both do NOT live in the district, PROOF of legal custody will be required.”

CERTIFICATION OF PARENT

Please complete the appropriate section.

I am the parent of _____ and I have legal custody of said child. I reside in Fairfield Local School District. I will notify authorities of Fairfield Local School District at the time of any future change in my residence or in the legal custody status of my child. Furthermore, I understand that I will be held responsible for the payment of tuition rates as established by the Board of Education for any period of time that the residency requirements are not met.

Printed Name of Parent

Signature of Parent

Date

The above conditions are not being met. I request that my child _____ be admitted to Fairfield Local School District as an Open Enrolled student. I will fill out necessary paperwork to apply for this status.

Printed Name of Parent

Signature of Parent

Date



Fairfield Local Schools

11611 St. Rt. 771
Leesburg, Ohio 45135
Phone: 937-780-2221 --Fax: 937-780-6900

Proof of Residency

I, _____, being first duly cautioned, do solemnly swear or
Parent/Guardian Name

affirm that I am the owner/renter of the residence at: _____
Street Address

_____, Ohio _____ located in the Fairfield Local School District.
City Zip Code

The following individual(s) is/are living at this address:

The above listed individual(s) have lived at this residence since the _____ day of _____, _____.

I acknowledge and understand that if the above information is not true or correct, that knowingly swearing or affirming the truth thereof constitutes criminal falsification, a violation of Ohio Revised Code 2921.13, a first degree misdemeanor, punishable by a maximum fine of \$1,000 and/or a maximum term of imprisonment of six months.

Furthermore, by signing this form, I am accepting financial responsibility for tuition for the above named student(s) should the student(s) live elsewhere.

I agree that Fairfield Local School District, if they deem necessary, have the right to investigate my residency. I agree to allow the release of rental information and also utility customer information to a representative of Fairfield Local School District.

Sworn to or affirmed and subscribed before me on this _____ day of _____, 20_____

Owner/Renter Signature

Owner/Renter Signature

Notary Public

Commission expires: _____



Fairfield Local Schools

11611 St. Rt. 771
Leesburg, Ohio 45135
Phone: 937-780-2221 --Fax: 937-780-6900

Landlord Rent Verification

I, _____ duly swear and affirm that
Landlord Name

_____ has established residency in
Tenant Name

Fairfield Local School District. I do so swear that they currently reside at

_____ Ohio _____
Street Address City Zip Code

I also acknowledge that the following adults and/or children also reside at this address:

Residency for enrollment purposes, as defined by the Ohio Revised Code 3313.64, is "...where the parent resides." Factors to be considered regarding establishing residency include, but are not limited to, where the parent sleeps, where the parent eats meals, where mail is received, and where the parent is registered to vote.

I understand that by signing this document that all above statements are accurate and that false or misleading information will be considered perjury and prosecution will be sought to the fullest extent allowable under the law.

Sworn to this _____ day of _____, of 20____

Landlord Signature

Notary Public

Commission Expires: _____



Fairfield Local Schools

11611 St. Rt. 771
Leesburg, Ohio 45135
Phone: 937-780-2221 --Fax: 937-780-6900

Race and Ethnicity Form

The U.S. Department of Education (Federal Register/Vo. 72, No.202, October, 2007) requires Educational Institutions to allow parents to "self-identify" or "re-identify" the race and ethnicity of their student.

Student Name _____ Grade _____

Educational Institutions are required to report racial and ethnic data in the categories below. Please answer the following questions:

If the student from Hispanic/Latino heritage?

Note: Hispanic or Latino means a person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race.

1)

Yes No

2) What race is the student? (choose one or more)

Race	Race Definitions (as defined by the Ohio Department of Education)
<input type="checkbox"/> White	Persons have origins in any of the original peoples of Europe, North Africa or the Middle East.
<input type="checkbox"/> Black or African American	Persons having origins in any of the Black racial groups of Africa.
<input type="checkbox"/> Asian	Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand and Vietnam.
<input type="checkbox"/> American Indian or Alaskan Native	Persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	Persons having origins in any of the original people of Hawaii, Guan, Samoa or other Pacific Islands.

I understand The U.S. Department of Education allows observer identification if a parent or guardian refuses to provide their child's racial/ethnic group. The observed designation will be communicated to the parent or guardian by the district prior to designation.

Signature of Parent/Guardian _____

Date _____



Fairfield Local Schools

11611 St. Rt. 771
Leesburg, Ohio 45135
Phone: 937-780-2221 --Fax: 937-780-6900

Home Language Survey

Federal guidelines require that school districts identify and serve students who are limited English proficient and need English instructional services. If a language other than English is listed, we will test the student's need for English as a Second Language service.

Student Name _____ Gender (M/F) _____ Birth Date _____

Grade _____ Current School _____ Place of Birth _____

Address _____ City _____ State, Zip _____

Parent/Guardian Name _____

	English	Other	Other Language(s)
1) What was the first language your child spoke?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2) What language does your child most frequently use at home?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3) What language is most often spoken by the adults in your home?	<input type="checkbox"/>	<input type="checkbox"/>	_____

4) Can an adult family member or extended family member speak English? Yes No

Can they read English? Yes No

If no, is there a neighbor, friend or relative who can help translate letters sent home? Yes No

Name of interpreter _____ Phone Number _____

5) If English is NOT your primary language, has your child studied English? Yes No

If yes, how long? Number of years Or months

6) How long as your child lived in the United States? _____

7) Has your child attended any other school in the United States? Yes No

If yes, name and location of school: _____

8) Date that your child was first enrolled in school in the United States: _____

Signature of Parent/Guardian _____

Date _____

For school personnel: This form should remain in the student's permanent file through graduation. If the parent checks "Yes" or specifies Other Language(s), please send a copy to the ESL Coordinator.



Fairfield Local Schools

11611 St. Rt. 771

Leesburg, Ohio 45135

Phone: 937-780-2221 --Fax: 937-780-6900

Bus Transportation Form

Start Date: _____

Child's Name: _____ Grade: _____

Parent(s) Name: _____

Home Address: _____

Phone Number: _____

Allergies/Medical Conditions: _____

The school will provide one pick up point and one drop off point for your child.

Bus Pick Up *Write "Home" if this is the student's address (same as above).

Pick Up Address: _____

Resident Name: _____

Bus Drop Off *Write "Home" if this is the student's address (same as above).

Drop Off Address: _____

Resident Name: _____

Please describe and give information which will aid in locating pick up and drop off points such as landmarks, neighbors, older siblings who ride the bus, etc.

NOTE: Fairfield Elementary students are NOT permitted to change bus pick up or drop off locations. If you wish for your child NOT to ride the bus, please send a note to have your child picked up at school.

STUDENTS IN GRADES K-5

Someone must be present in order for the bus driver to release your child from the bus. If no one is there, the student will be returned to the school for parent/guardian pick-up.

If you wish to give your permission for your child to be dropped off at the address listed above without someone present, please sign below.

Parent/Guardian Signature

Date



Fairfield Local Schools

11611 St. Rt. 771
Leesburg, Ohio 45135
Phone: 937-780-2221 --Fax: 937-780-6900

**Student Military Identifier Status
2020-2021**

Districts are now required to identify students whose parents or legal guardians have been an active member of the Armed Forces or National Guard at any time during the current school year.

Please indicate below the option that best describes the student's Military Identifier Status at any point during the school year.

Please have your student return this form to their homeroom or first period teacher.

Thank you for taking the time to help us update this information.

Student Name: _____ Grade: _____

CERTIFICATION OF PARENT

Please complete the appropriate section as it pertains to one or more parent or guardian.

- Not applicable – not a military student.
- A – Active Duty
Student is a dependent of a member of the Active Duty Forces.
(Army, Navy, Air Force, Marine Corp. or Coast Guard)
- B – National Guard
Student is a dependent of a member of the National Guard (Army or Air Force)
- C – Reserves
Student is a dependent of a member of the Reserves

Printed Name of Parent

Signature of Parent

Date

- In an effort to better support children of military dependents, The Ohio Department of Education proposes to create the Ohio Network for Military Families. The Ohio Network for Military Families will serve as an online "virtual" hub providing information and tools for families and connections to a range of student and family supports.*
- The Ohio Department of Education will partner with the Wright-Patterson Air Force Base and the Ohio National Guard to connect with counselors, teachers, principals, superintendents and administrative office staff to inform and educate school staff on how to recognize challenges faced by military families and provide appropriate supports for Ohio's "Military kids".*
- Districts will also now report which students come from military families so that these students' academic growth can be monitored.*



Fairfield Local Schools

IRN #047621

11611 St. Rt. 771

Leesburg, Ohio 45135

Phone: 937-780-2221 --Fax: 937-780-6900

**Parent Consent to Release
Educational Records**

To: _____ RE: _____
 _____ DOB: _____
 _____ Grade: _____
 Fax: _____
 Phone: _____ Start Date: _____

I hereby authorize the administrators of _____ School to release to Fairfield Local School District all of my child's records as indicated below:

- Academic Records Transcript Current Grades
- Health Records Discipline Records Attendance Records
- SSID Number OAA/OGT Scores Other Test Scores
- Current IEP or 504 Plan Current Class Schedule Birth Certificate / SSN
- Psychological and/or Speech Evaluations
- Other records to assist with proper placement
- TGRG Information – Print Screen of Student's FN – Attributes Tab in the Student Information System

Parent/Guardian _____ Date _____
 Parent/Guardian's
 New Address and _____
 Phone Number _____

Please fax, mail or email the records to:

Fairfield High School
 Steve Hackett, Principal
 Deborah Mangus, Counselor
 11611 St. Rt. 771
 Leesburg, OH 45135
 Phone: 937-780-2966
 Fax: 937-780-2841
 kevy.jones@fairfieldlocal.org

Fairfield Middle School
 Deanne Miller, Principal
 11611 St. Rt. 771
 Leesburg, OH 45135
 Phone: 937-780-2977
 Fax: 937-780-2841
 natalie.willey@fairfieldlocal.org

Fairfield Elementary
 Katie Streber, Principal
 Denise Mootz, Asst. Principal
 11611 St. Rt. 771
 Leesburg, OH 45135
 Phone: 937-780-2988
 Fax: 937-780-2841
 amy.meddock@fairfieldlocal.org

Notification of Rights under FERPA for Elementary and Secondary Schools

The Family Educational Rights and Privacy Act (FERPA) affords parents and students who are 18 years of age or older ("eligible students") certain rights with respect to the student's education records. These rights are:

1. The right to inspect and review the student's education records within 45 days after the day the "Fairfield Local Schools" receive a request for access.

Parents or eligible students should submit to the school principal [or appropriate school official] a written request that identifies the records they wish to inspect. The school official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.

2. The right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA.

Parents or eligible students who wish to ask the [School] to amend a record should write the school principal [or appropriate school official], clearly identify the part of the record they want changed, and specify why it should be changed. If the school decides not to amend the record as requested by the parent or eligible student, the school will notify the parent or eligible student of the decision and of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

3. The right to provide written consent before the school discloses personally identifiable information (PII) from the student's education records, except to the extent that FERPA authorizes disclosure without consent.

One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the school as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel) or a person serving on the school board. A school official also may include a volunteer or contractor outside of the school who performs an institutional service of function for which the school would otherwise use its own employees and who is under the direct control of the school with respect to the use and maintenance of PII from education records, such as an attorney, auditor, medical consultant, or therapist; a parent or student volunteering to serve on an official committee, such as a disciplinary or grievance committee; or a parent, student, or other volunteer assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

Upon request, the school discloses education records without consent to officials of another school district in which a student seeks or intends to enroll, or is already enrolled if the disclosure is for purposes of the student's enrollment or transfer.

NOTE: FERPA requires a school district to make a reasonable attempt to notify the parent or student of the records request unless it states in its annual notification that it intends to forward records on request.

Family Educational Rights and Privacy Act (FERPA) Notice for Directory Information

The *Family Educational Rights and Privacy Act* (FERPA), a Federal law, requires that Fairfield Local School District, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Fairfield Local School District may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures. The primary purpose of directory information is to allow the Fairfield Local School District to include this type of information from your child's education records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and
- Sports activity sheets, such as for basketball, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the *Elementary and Secondary Education Act of 1965* (ESEA) to provide military recruiters, upon request, with the following information – names, addresses and telephone listings – unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent.¹

If you do not want Fairfield Local School District to disclose directory information from your child's education records without your prior written consent, you must notify the District in writing by September 1st. Fairfield Local School District has designated the following information as directory information:

- | | |
|---------------------------|---|
| ▪ Student's name | ▪ Participation in officially recognized activities and sports |
| ▪ Address | ▪ Weight and height of members of athletic teams |
| ▪ Telephone number | ▪ Degrees, honors and awards received |
| ▪ Email address | ▪ The most recent educational agency or institution attended |
| ▪ Photograph | ▪ Student ID number, user ID or other unique personal identifier used to communicate in electronic systems that cannot be used to access education records with our PIN, password, etc. |
| ▪ Date and place of birth | |
| ▪ Major field of study | |
| ▪ Dates of attendance | |
| ▪ Grade level | |

¹ These laws are: Section 9528 of the Elementary and Secondary Education Act (20 U.S.C. § 7908) and 10 U.S.C. § 503(c).

2020-2021 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1. ALL HOUSEHOLD MEMBERS

Names of <u>all</u> household members (First, Middle Initial, Last)	Name of school and school grade level for each child/or indicate "NA" if child is not in school. School Grade	Check if a foster child (legal responsibility of welfare agency or court) *If all children listed below are foster children, skip to Part 5 to sign this form.	Check if No Income
		<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"/>

Part 2. BENEFITS: If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) or Ohio Works First (OWF) benefits, provide the name and 7 or 10-digit case number for the person who receives benefits and **skip to Part 5**. If no one receives these benefits, **skip to Part 3**.

NAME: _____ 7 or 10-DIGIT CASE NUMBER: _____

Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Fairfield Local Schools at 937-780-2221. Homeless Migrant Runaway

Part 4. TOTAL HOUSEHOLD GROSS INCOME (before deductions). List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once.

1. NAME (List all household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED															
	Earnings from work before deductions	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All Other Income (indicate frequency, such as "weekly" "monthly" "quarterly" "annually")
<i>(Example) Jane Smith</i>	\$200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50.00/quarterly
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ / _____
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ / _____
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ / _____
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ / _____
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ / _____

Part 5. SCHOOL INSTRUCTIONAL FEE WAIVER ADULT CONSENT: Your child(ren) may qualify for a waiver of their school instructional fees. We must have your permission to share your meal application information with school officials if your child(ren) qualifies for a fee waiver. Answering this question will not change whether your children will get free or reduced price meals.

Please check a box: Yes I agree to have my meal application used to determine if my child(ren) qualify for a fee waiver.

No, I do not agree to have my meal application used to determine if my child(ren) qualify for a fee waiver.

Signature of Parent/Guardian for the Instructional Fee Waiver Question: _____ Date: _____

Part 6. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. **If Part 4 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.** (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that deliberate misrepresentation of the information may cause my children to lose meal benefits and I may be subject to prosecution under State and Federal statutes.

Sign here: X _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

Last four digits of your Social Security Number: _____ I do not have a Social Security Number

Part 7. Children's ethnic and racial identities (optional)

Choose one ethnicity:

- Hispanic/Latino
 Not Hispanic/Latino

Choose one or more (regardless of ethnicity):

- Asian American Indian or Alaska Native Black or African American
 White Native Hawaiian or other Pacific Islander

Don't fill out this part. 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

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____
 Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____
 Determining/Approval Official's Signature: _____ Date: _____
 Confirming Official's Signature: _____ Date: _____
 Follow-up Official's Signature: _____ Date: _____
 If selected for Verification, Date Verification Notice Sent: _____ Response Date: _____ 2nd Notice Sent: _____ Results Sent: _____
 Verification Result: No Change _____ Free to Reduced Price _____ Free to Paid _____ Reduced Price to Free _____ Reduced Price to Paid _____