

# Student Registration Form 2018-2019

Form #:  
Tracking #:

First Name:		Middle Name:		Last Name:		Suffix:	
Alias First Name:		Alias Middle Name:		Alias Last Name:		Alias Suffix:	
Gender:	Gradelevel:	10-digit State ID:	Birthdate:	Birth City:	Birth State:	Birth Country:	
<b>Physical Address</b>		Permanent Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, please describe on pg 4)			Proof of residency on file? <input type="checkbox"/> Yes <input type="checkbox"/> No		
**Note: If Physical address does not represent Permanent Housing, please briefly describe what type of Temporary Housing the physical address represents:							
Street Address:				City:		State:	Zip:
<b>Mailing Address</b>							
Mailing Address:				City:		State:	Zip:
Home Phone:		Student Cell Phone:		County of Residence:		School District of Residence:	
Student E-mail Address:				<input type="checkbox"/> Check here if student is foreign born and has been enrolled less than 3 cumulative years in the U.S.			

**Ethnicity** \* New federal ethnicity and race data collection/reporting requirements beginning in 2009-2010 require all students to identify their ethnicity from the 2 choices below:

Is this student Hispanic or Latino?	
<input type="checkbox"/> No, not Hispanic or Latino	<input type="checkbox"/> Yes, Hispanic or Latino

**Race** \* In addition to ethnicity, at least one race must also be selected below:

<input type="checkbox"/> American Indian or Alaskan Native A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.	<input type="checkbox"/> Black or African American A person having origins in any of the black racial groups of Africa.	<input type="checkbox"/> White A person having origins in any of the original peoples of Europe (including South/Central Americans), the Middle East, or North Africa. <input type="checkbox"/> Middle Eastern
Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese	<input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian	Pacific Islander <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Other Pacific Islander

### Office Use Only: Pre-Enrollment Information

Anticipated Start Date:	Program Placement: (General Ed, Special Ed, or Adult Ed)
Primary School Site:	Anticipated Education Program: (Classroom Based, Ind. Study, Modified - IS, ...)

**Previous School/Enrollment Details**

Name of Previous School:	Address of Previous School:		
<p>Previous School Type (please select one):</p> <p><b>Public School:</b></p> <p><input type="checkbox"/> in the same district   <input type="checkbox"/> in a different district same state   <input type="checkbox"/> in a different state   <input type="checkbox"/> Charter School   <input type="checkbox"/> matriculated from another school/completed highest gradelevel offered there</p> <p><b>Private, non-religiously-affiliated school:</b></p> <p><input type="checkbox"/> in the same district   <input type="checkbox"/> in a different district, same state   <input type="checkbox"/> in a different state   <input type="checkbox"/> Home Schooling Family</p> <p><b>Private, religiously-affiliated school:</b></p> <p><input type="checkbox"/> in the same district   <input type="checkbox"/> in a different district, same state   <input type="checkbox"/> in a different state</p> <p><b>Other:</b></p> <p><input type="checkbox"/> school outside of the United States   <input type="checkbox"/> Institution (example: correctional facility)</p> <p><b>Original Entry into US school:</b></p> <p><input type="checkbox"/> (enrolling in school for first time ever, i.e., no previous school)   <input type="checkbox"/> from a foreign country <i>without</i> schooling interruption   <input type="checkbox"/> from a foreign country <i>with</i> schooling interruption</p>			
Date first enrolled in the U.S.:	Date first enrolled in this state:	Date first enrolled in District:	Date first enrolled in this school:
Grade first enrolled in District:		Grade first enrolled in this school:	

**Has your child ever received any Special Education services of any kind?**    Yes    No

**If NO: Sign and date here.**

*I certify that my student has never received Special Education services of any kind. I further certify that my student does not have a 504 Plan.*

Parent/Guardian   X   \_\_\_\_\_ Date:   X   \_\_\_\_\_

**If YES: Sign here and provide a copy of the IEP, including an exit IEP.**

*I understand I must submit all Special Education documentation, and/or 504 Plan with my child's Enrollment paperwork, and that without it my child cannot be enrolled in this school. I certify that all statements are true and correct to the best of my knowledge.*

Parent/Guardian   X   \_\_\_\_\_ Date:   X   \_\_\_\_\_

# Parent/Guardian Information

Parent/Guardian 1		Parent/Guardian 2	
Name:		Name:	
Relationship to student:		Relationship to student:	
Street Address: <input type="checkbox"/> Same as student		Street Address: <input type="checkbox"/> Same as student	
City:		City:	
State:	Zip:	State:	Zip:
Mailing Address: <input type="checkbox"/> Same as student		Mailing Address: <input type="checkbox"/> Same as student	
City:		City:	
State:	Zip:	State:	Zip:
Employer:	Federal Employee?	Employer:	Federal Employee?
Active Duty Military:	Military Branch or Service:	Active Duty Military:	Military Branch or Service:
Employer Address:	Duty Station:	Employer Address:	Duty Station:
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:
Work Phone:	E-mail address:	Work Phone:	E-mail address:
Lives with student?	Send student mailings?	Lives with student?	Send student mailings?
Parent/Guardian 1 Highest Level of Education (check one) <input type="checkbox"/> Graduate Degree - Holds MA, MS, PhD or EdD (10) <input type="checkbox"/> College Graduate - Holds BA or BS (11) <input type="checkbox"/> Some College - Holds AA or has completed 2 full years at a 4-year university (12) <input type="checkbox"/> High School Graduate - Holds diploma or GED (13) <input type="checkbox"/> Not a high school graduate (14) <input type="checkbox"/> Decline to State (15)		Parent/Guardian 2 Highest Level of Education (check one) <input type="checkbox"/> Graduate Degree - Holds MA, MS, PhD or EdD (10) <input type="checkbox"/> College Graduate - Holds BA or BS (11) <input type="checkbox"/> Some College - Holds AA or has completed 2 full years at a 4-year university (12) <input type="checkbox"/> High School Graduate - Holds diploma or GED (13) <input type="checkbox"/> Not a high school graduate (14) <input type="checkbox"/> Decline to State (15)	
<p><i>The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. Â§ 1232g; 34 CFR Part 99); Title 2, Division 4, Part 27, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution</i></p> <p>I certify that all of the statements and information given above are true and correct to the best of my knowledge:</p>			
X _____ Parent Signature		X _____ Date	

### Home Language Survey

What language did the student first learn to speak?	What language does the student most frequently read/speak at home?
What language does the parent/guardian most frequently speak to the student?	What language is most often spoken by adults in the home?
Is the student fluent in English? Yes No	

### Alternative Schools Accountability Model

(check all that apply)

<input type="checkbox"/>	Expelled (Ed. Code 48925[b]) including situations in which enforcement of the expulsion order was suspended (Ed. Code 48917)
<input type="checkbox"/>	Suspended (Ed Code 48925[d]) more than 10 days in a school year
<input type="checkbox"/>	Wards of the court (WIC 601 or 602) or dependents of the court (WIC 300 or 654)
<input type="checkbox"/>	Pregnant and/or parenting
<input type="checkbox"/>	Recovered Dropout
<input type="checkbox"/>	Habitually truant (Ed. Code 48262) or habitually insubordinate and disorderly (Ed Code 48263), and whose attendance at the school is directed by a school attendance review board (SARB) or probation officer (Ed. Code 48263)
<input type="checkbox"/>	Retained more than once in kindergarten through grade 8.
<input type="checkbox"/>	Recovered dropouts based on EC Section 52052.3(b) as students who: (1) are designated as dropouts pursuant to the exit and withdraw codes in the California Longitudinal Pupil Achievement Data System (CALPADS), or (2) left school and were not enrolled in a school for a period of 180 days.
<input type="checkbox"/>	Students who are credit deficient (i.e., students who are one semester or more behind in the credits required to graduate on-time, per grade level, from the enrolling school's credit requirements)
<input type="checkbox"/>	Students with a gap in enrollment (i.e., students who have not been in any school during the 45 days prior to enrollment in the current school, where the 45 days does not include non-instructional days such as summer break, holiday break, off-track, and other days when a school is closed)
<input type="checkbox"/>	Students with high level transiency (i.e., students who have been enrolled in more than two schools during the past academic year or have changed secondary schools more than two times since entering high school)
<input type="checkbox"/>	Foster Youth (EC Section 42238.01[b])
<input type="checkbox"/>	Homeless Youth

### APLUS+ Schools Home Survey

Does the student have access to a computer at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student have access to the Internet from home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many times has the student's family moved in the past 12 months?	

**Enrollment Enhancements/Modifiers**

Is parent/guardian employed in one or more agricultural or fishing activities on a seasonal or other temporary basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Immunization information is included with this enrollment information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Birth Certificate is included with this enrollment information?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Parent/Guardian Release**

Permission for the school directory information to be made available to institutions of higher learning	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permission for school directory information to be made available to military recruiters	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grants the student permission to sign themselves in and out of the school	<input type="checkbox"/> Yes <input type="checkbox"/> No
Agree to the "Open Campus" Policy (for High School)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student is allowed to use computers at school	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student allowed to access the Internet at school	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permission to include student information in the School Directory	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grant permission to use pictures of the student for school purposes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grant permission to use pictures of the student in Yearbook ONLY	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grants permission to use student work produced by this student for school purposes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grants permission to use student audio/video for school purpose	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent wishes to opt-out of Cal-Grant GPA Submissions (AB2160)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permission to use student's name in school publications	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permission for the school to use student pictures, audio, video, and student work on social media	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Emergency Card

Currently Assigned Staff:

Student Name:	Gender:	Grade:	Birthdate:	Age:	Student ID#:
Physical Street Address:	City:			State:	Zip:
Mailing Address:	City:			State:	Zip:

## Parent/Guardian

Parent/Guardian Name:	Relationship:
Address:	Home Phone:
	Cell Phone:
	Work Phone:
	Email:
Parent/Guardian Name:	Relationship:
Address:	Home Phone:
	Cell Phone:
	Work Phone:
	Email:
Person(s) authorized to pickup student from school:	
Custody issue regarding the student:	
Legal restrictions for any parent:	

## Emergency Contacts

(Relatives/neighbors/friends who will assume temporary care of your child if you cannot be reached)

Contact 1 Name:	Relationship to student:	Phone Number 1:	Phone Number 2:
Contact 2 Name:	Relationship to student:	Phone Number 1:	Phone Number 2:

## Other Children in Family

Name	Gender	Year Born	School Currently Attending	over 18	Relationship to student
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

**Health Information**

Medications taken by student at School or at Home (written authorization from doctor required for medications taken at school):
Other Health Condition:
What action is to be taken if student has a complication due to his/her allergic condition or other health condition (Please be specific):

**Known Conditions:** (check all that apply)

<input type="checkbox"/> Asthma <input type="checkbox"/> Bee Sting Allergy <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Heart Condition <input type="checkbox"/> Nut Allergy <input type="checkbox"/> Seizures <input type="checkbox"/> Other (Please Specify Below)	<input type="checkbox"/> Known hearing problem <input type="checkbox"/> Preferential seating <input type="checkbox"/> Wears hearing aid	<input type="checkbox"/> Glasses to be worn at all times <input type="checkbox"/> Known eye condition/defect in vision <input type="checkbox"/> Wears contact lenses <input type="checkbox"/> Wears glasses
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**Insurance**

Health Insurance Carrier:	Insurance ID or Policy #:	Hospital Preference
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**Physician**

Name of Physician:	Address:	Phone:
Vision (list Dr):		
Hearing (list Dr):		

**Parent Signature**

<i>In case of accident or other emergency, if parent or guardian cannot be reached, I hereby authorize a representative of the school to make such arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation.</i>	
<i>Under such circumstances, I further authorize the physician named above to undertake such acts and treatment of my child as he/she considers necessary. In the event said doctor is not available, I authorize such care and treatment to be performed by any licensed physician or surgeon.</i>	
<i>I certify that all of the statements and information given above are true and correct to the best of my knowledge:</i>	
The undersigned hereby agree to bear all costs incurred as a result of the foregoing. This authorization will remain in effect until revoked by the undersigned in writing:	
Signature of Parent or Guardian _____	Date: _____

# Household Data Collection - La Sierra High - 2018 - 2019

Last Name:	First Name:	Birthdate:	
School: <b>La Sierra High</b>	Grade:	Classroom:	School Code: <b>5430327</b>

<p><b>1. Check the total number of adults and children living in your household:</b>  <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Other:</p> <p><b>2. Total Annual Household Income: \$</b></p>			

Home Phone Number:	Cell Phone Number:	E-mail Address:
<p>X _____ Parent Signature</p>		<p>X _____ Date</p>
<p><i>The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. § 1232g; 34 CFR Part 99); Title 2, Division 4, Part 27, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution.</i></p>		



Dear Parent or Guardian:

The La Sierra Charter High participates in the National School Lunch Program and/or School Breakfast Program by offering nutritious meals every school day. Students may buy lunch for \$3.00 and breakfast for \$2.00. Eligible students may receive meals free of charge or at the reduced-price rate of \$.40 for lunch and \$.30 for breakfast. You or your children do not have to be U.S. citizens to qualify for free or reduced-price meals. If there are more household members than the number of lines on the application, attach a second application.

**LETTER TO HOUSEHOLD FOR FREE AND REDUCED-PRICE MEALS**

**QUALIFICATION:** Your children may qualify for free or reduced-price meals if your household income falls at or below the federal Income Eligibility Guidelines below

Household Size	Reduced-Price Income Eligibility Guidelines Effective July 1, 2018-June 30, 2019			
	Year	Month	Twice Per Month	Every Two Weeks
1	\$22,459	\$1,872	\$936	\$864
2	\$30,451	\$2,538	\$1,269	\$1,172
3	\$38,443	\$3,204	\$1,602	\$1,479
4	\$46,435	\$3,870	\$1,935	\$1,786
5	\$54,427	\$4,536	\$2,268	\$2,094
6	\$62,419	\$5,202	\$2,601	\$2,401
7	\$70,411	\$5,868	\$2,934	\$2,709
8	\$78,403	\$6,534	\$3,267	\$3,016
	\$ 7992	\$ 566	\$ 333	\$ 308
				\$ 154

For each additional family member add

automatically certified for free meals. If you did not receive a letter, please complete an application.

**VERIFICATION:** School officials may check the information on the application at any time during the school year. You may be asked to submit information to validate your income or current eligibility for CalFresh, CalWORKS, or FDPIR benefits.

**WIC PARTICIPANTS:** Households that receive Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) benefits, may be eligible for free or reduced-price meals by completing an application.

**HOMELESS, MIGRANT, RUNAWAY & HEAD START:** Children who meet the definition of homeless, migrant, or runaway, and children participating in their school's Head Start program are eligible for free meals. Please contact school officials for assistance at 559-733-6963.

**FOSTER CHILD:** The legal responsibility must be through a foster care agency or court to qualify for free meals. A foster child may be included as a household member if the foster family chooses to apply for their non-foster children on the same application and must report any personal income earned by the foster child. If the non-foster children are not eligible, this does not prevent a foster child from receiving free meals.

**FAIR HEARING:** If you do not agree with the school's decision regarding your application's determination or the result of verification, you may discuss it with the hearing official. You also have the right to a fair hearing, which may be requested by calling or writing the following: Anjelica Zermeno, 1735 E. Houston Ave. Visalia, CA 93292, 559-733-6963.

**ELIGIBILITY CARRYOVER:** Your child's eligibility status from the previous school year will continue into the new school year for up to 30 operating days or until a new determination is made. When the carryover period ends, your child will be charged the full price for

**HOW TO APPLY FOR FREE OR REDUCED-PRICE MEALS – Complete one application per household. Please print clearly with a pen. Incomplete, illegible, or incorrect information will delay processing.**

**STEP 1: STUDENT INFORMATION –** Include ALL STUDENTS who attend La Sierra Charter High. Print their name (first, middle initial, last), school, grade level, and birthdate. If any student listed is a foster child, check the "Foster" box. If you are only applying for a foster child, complete STEP 1, and then continue to STEP 4. If any student listed may be homeless, migrant, or runaway, check the applicable "Homeless, Migrant, or Runaway" box and complete all STEPS of the application.

**STEP 2: ASSISTANCE PROGRAMS –** If ANY household member (child or adult) participates in CalFresh, CalWORKS, or FDPIR, then all children are eligible for free meals. Must check the applicable assistance program box, enter one case number, and then continue to STEP 4. If no one participates, skip STEP 2 and continue to STEP 3.

**STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS –** Must report GROSS income (before deductions) from ALL household members (children and adults) in whole dollars. Enter "0" for any household member that does not receive income.

A) Report the combined GROSS income for all students listed in STEP 1 and enter the appropriate pay period. Include a foster child's income if you are applying for foster and non-foster children on the same application.

B) Print the names (first and last) of ALL OTHER household members not listed in STEP 1, including yourself. Report the total GROSS income from each source and enter the appropriate pay period.

C) Enter the total household size (children and adults). This number MUST equal the listed household members from STEP 1 and STEP 3.

D) Enter the last four digits of your Social Security number (SSN). If no adult household member has a SSN, check the "NO SSN" box.

meals, unless the household receives a notification letter for free or reduced-price meals. School officials are not required to send reminder or expired eligibility notices.

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

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

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Ave SW, Washington, D.C. 20250-9410; (2) Fax: (202) 690-7442; or (3) E-mail: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

**STEP 4: CONTACT INFORMATION & ADULT SIGNATURE –** The application must be signed by an adult household member. Print the name of the adult signing the application, contact information, and today's date.

**OPTIONAL: CHILDREN'S ETHNIC AND RACIAL IDENTITIES –** This field is optional to complete and does not affect your children's eligibility for free or reduced-price meals. Please check the appropriate boxes.

**INFORMATION STATEMENT:** 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 are not required when you list a CalFresh, CalWORKS, or 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.

**QUESTIONS/NEED ASSISTANCE:** Please contact Linda Salmeron at 559-733-6963. **SUBMIT:** Please submit a complete application to your child's school or the nutrition office at 1735 E. Houston Ave., Visalia, CA 93292. You will be notified if your application is approved or denied for free or reduced-price meals.

Sincerely,  
Linda Salmeron, Budget & Operations Clerk

**School Year 2018-2019 La Sierra High School Application for Free and Reduced-Price Meals** Complete one application per household.

Please read the instructions on how to apply. Print clearly with a pen. This institution is an equal opportunity provider.

California Education Code Section 49557(a): Applications for free and reduced-price meals may be submitted at any time during a school day. Children participating in the federal National School Lunch Program will not be overtly identified by the use of special tokens, special tickets, separate serving lines, separate entrances, separate dining areas, or by any other means.

**STEP 1 – STUDENT INFORMATION**

Children in Foster Care and children who meet the definition of Homeless, Migrant, or Runaway are eligible for free meals.

Print the name of EACH STUDENT (First, Middle Initial, Last) <b>EXAMPLE: Joseph P Adams</b>		Enter school name and grade level <b>Lincoln Elementary 1st</b>		Enter student's birthdate <b>12-15-2010</b>	
Check the applicable box if the student is foster, homeless, migrant, or runaway.					
Foster	Homeless	Migrant	Runaway		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**STEP 2 – ASSISTANCE PROGRAMS: CalFresh, CalWORKs, or FDIPIR**

Do ANY household members (child or adult) currently participate in CalFresh, CalWORKs or FDIPIR? If NO, skip STEP 2 and continue to STEP 3.

If YES, check the applicable program box, enter one case number, skip STEP 3, and continue to STEP 4.

Select Program Type:  CalFresh  CalWORKs  FDIPIR

Enter Case Number:

**STEP 3 – REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered 'YES' in STEP 2)**

**A. STUDENT INCOME:** Sometimes students in the household earn income. Enter the TOTAL GROSS income (before deductions) in whole dollars earned by all students listed in STEP 1. Enter the appropriate pay period in the "How Often" box: W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly

Print the name of ALL OTHER Household Members (First and Last)	Earnings from Work	How Often	Public Assistance/SSI/Child Support/Alimony	Pensions/Retirement/All Other Income	How Often	Total Student Income	
						How Often	How Often
	\$		\$			\$	
	\$		\$			\$	
	\$		\$			\$	
	\$		\$			\$	

C. Total Household Members (Children and Adults)  D. Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member  Check the box if NO SSN

**STEP 4 – CONTACT INFORMATION & ADULT SIGNATURE**

Certification: 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.

Signature of adult completing this application:

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

**DO NOT COMPLETE: SCHOOL USE ONLY**

How Often?  Weekly  Bi-Weekly  Twice a Month  Monthly  Yearly

Annual Income Conversion: Weekly x52, Biweekly x26, Twice a Month x24, Monthly x12

Total Household Size:  Free  Reduced-price  Paid (Denied)

Eligibility Status:  Homeless  Migrant  Runaway

Verified as:  Homeless  Migrant  Runaway

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verifying Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OPTIONAL – CHILDREN'S ETHNIC AND RACIAL 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