Full Name of Student: Date of Birth: Grade:

Gender: Male Female Birthplace: (county & state)

Student Address: County: Home Phone:

Resides with: Both parents Mother Father Other

Mother’s name: Work #: Cell #:

Father’s name: Work #: Cell #:

Father’s Employer: Father E-mail address:

Mother’s Employer: Mother’s E-mail address:

Siblings (Name & Age or Grade):

Emergency Contact Person: Phone:

**(Contacted when parent(s) cannot be reached)**

*Please fill out any of the following sections that apply.*

**SPECIAL EDUCATION SERVICES N/A**

Student has a current 504 Accommodation Plan: Yes No

Student has a current IEP: Yes No

Student is currently in a foster care program: Yes No

**HOMELESS ACT N/A**

Student and parent/guardian are currently living:

In an emergency shelter In a transitional shelter Foster youth awaiting placement

In a motel/hotel Sub-standard housing

Unsheltered (car, park, etc.) With family or friends due to loss of housing or economic hardship

**LANGUAGE**

My child speaks English only: Yes No *If you answered NO, please complete the following questions.*

 What language did your child learn when he/she first began to talk?

 What language does your child most frequently use at home?

 What language do you most frequently use to speak to your child?

 What language do the adults most frequently use at home?

**STUDENT PARKING N/A**

Student will drive to school: Yes No *If you answered yes, please complete the following.*

Vehicle Make and Model: Year: Color: License Plate:

Name on Registration: Insurance Company:

**MILITARY SERVICE STATUS N/A**

A law put into place 105 ILSC 5/22-65 states at the time of enrollment or at any time during the school year the district must give the opportunity for an individual enrolling a student to **voluntarily** state whether the student has a parent or guardian who is a member of a branch of the armed forces for the U.S. and who is either deployed to active duty or expects to be deployed to active duty during the school year. **Please provide the following information. This is voluntary!!**

I currently have a parent/guardian that is a member of the U.S. Armed Forces. Yes No

I currently have a parent/guardian that is deployed to active duty. Yes No

I currently have a parent/guardian that expects to be deployed to active duty this school year. Yes No

Name of Parent in the Military:

**REGISTRATION SIGN OFF SHEET**

**The following policies have been included in your handbook and registration packet. Please read them carefully and sign that you have received the policy and abide by the rules set forth by the policy.**

**Student Acknowledgement and Pledge**

I acknowledge receiving and/or being provided electronic access to the Student/Parent Handbook and School Board policy on student behavior. I have read these materials and understand all rules, responsibilities and expectations. In order to help keep my school safe, I pledge to adhere to all School and School District rules, policies and procedures.

I understand that the Student/Parent Handbook and School District policies may be amended during the year and that such changes are available on the School District website or in the school office. I understand that my failure to return this acknowledgement and pledge will not relieve me from being responsible for knowing or complying with School and School District rules, policies and procedures.

**Parent/Guardian Acknowledgement**

I acknowledge receiving and/or being provided electronic access to the Student/Parent Handbook and School Board policy on student behavior. I have read these materials and understand all rules, responsibilities and expectations.

I understand that the Student/Parent Handbook and School District policies may be amended during the year and that such changes are available on the School District website or in the school office. I understand that my failure to return this acknowledgement will not relieve me or my child from being responsible for knowing or complying with School and School District rules, policies and procedures.

I have received **the *Pawnee Jr. High/High School Student Handbook/Extra Curricular Policy:*** Yes No

I have received the ***Concussion Information Sheet:*** Yes No

I have received the ***IHSA Parent and Student Agreement/ Acknowledgement Form Performance*** Yes No

***Enhancing Substance Testing Policy***

As the Parent/Guardian of this student, I have read the ***Acceptable Use of Technology Guidelines*** Yes No

stated in the handbook and understand that access to computer information resources is designed for

educational purposes. I understand that it is impossible for Pawnee CUSD #11 to restrict access to

all controversial materials and I will not hold the District responsible for controversial materials my

child acquires on the Network.

I grant consent to Pawnee Community Unit School District #11 to ***Identify my Student in*** Yes No

***Published Pictures*** by full name and/or the school he or she attends, in any school sponsored

material, publication, video, or website. This consent is valid for the entire school year that the

student is enrolled in Pawnee School District. I may revoke this consent at any time by notifying

the school office.

I have read in the handbook the ***Student Driving and Parking Policy and*** I authorize my child N/A

to drive to school and park on school property. I realize this is a privilege that can be taken away Yes No

if disciplinary actions are warranted. I am also aware that Pawnee CUSD #11 is not responsible

for any loss or damage to private vehicles parked on or near school property.

I have read the following policy regarding ***Bring Your Own Device*** and give my child permission Yes No

to bring his/her personal Kindle, Nook, tablet or I Pad to school for the purpose of AR reading or

if allowed by the teacher for educational purposes. I will not hold the Pawnee School District

responsible if it is lost, stolen or damaged. I also understand my child will not be allowed to bring

it back to school if he/she is found using it for any other reason.

I give my student permission to go on any walking field trips for the current school year. Yes No

Sites visited such as North Park, Krekel’s, the library, etc.

**Signatures are effective for the school year. By signing or typing your name, you are agreeing to the above policies.**

Parent Name: Student Name:

Parent Signature: Student Signature:

Date: Date:

****

**Parent and Student Agreement/Acknowledgement Form Performance-Enhancing Substance Testing Policy**

* Illinois state law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.
* Illinois state law also provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person who is in good health is not a valid medical purpose.
* Illinois state law requires that only a licensed practitioner with prescriptive authority may prescribe a steroid for a person.
* Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Illinois Department of Corrections.

# **STUDENT ACKNOWLEDGEMENT AND AGREEMENT**

As a prerequisite to participation in IHSA athletic activities, I agree that I will not use performance- enhancing substances as defined in the IHSA Performance-Enhancing Substance Testing Program Protocol. I have read this form and understand that I may be asked to submit to testing for the presence of performance-enhancing substances in my body, and I do hereby agree to submit to such testing and analysis by a certified laboratory. I understand that testing may occur during selected IHSA state series events or during the school day. I further understand and agree that the results of the performance- enhancing substance testing may be provided to certain individuals in my high school as specified in the IHSA Performance-Enhancing Substance Testing Program Protocol which is available on the IHSA website at [www.IHSA.org.](http://www.IHSA.org/) I understand and agree that the results of the performance-enhancing substance testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject me to penalties as determined by IHSA.

**Signatures are effective for the school year. By typing your name, you are agreeing to the above policies as if you were signing the paper.**

# **Student Name (Print): Grade (9-12):**

**Student Signature:** **Date:**

**PARENT/GUARDIAN CERTIFICATION AND ACKNOWLEDGEMENT**

As a prerequisite to participation by my student in IHSA athletic activities, I certify and acknowledge that I have read this form and understand that my student must refrain from performance-enhancing substance use and may be asked to submit to testing for the presence of performance-enhancing substances in his/her body. I understand that testing may occur during selected IHSA state series events or during the school day. I do hereby agree to submit my child to such testing and analysis by a certified laboratory. I further understand and agree that the results of the performance-enhancing substance testing may be provided to certain individuals in my student’s high school as specified in the IHSA Performance- Enhancing Substance Testing Program Protocol which is available on the IHSA website at [www.IHSA.org.](http://www.IHSA.org/) I understand and agree that the results of the performance-enhancing substance testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject my student to penalties as determined by IHSA.

**Signatures are effective for the school year. By typing your name, you are agreeing to the above policies as if you were signing the paper.**

**Parent/Guardian Name:** **Relationship to student:**

**Signature: Date:**

**STUDENT INSURANCE**

# *(Insurance is required for ALL students participating in extra-curricular activities)*

Student is covered by medical insurance: Yes No

State law and Pawnee School District requires that all students participating in athletics and/or cheerleading must be covered by insurance in case of injury. Parents of students taking part in these activities must file with the school the data requested below to assure that all participants have insurance coverage. **No student will be allowed to practice or continue ongoing practices until the following information is returned to the coach of the team on which the student participates.**

Insurance Company: Policy #:

Insurance Company Address: Group #:

**IHSA AND IESA CONCUSSION INFORMATION SHEET**

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all** **concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

**Symptoms may include one or more of the following:**

|  |  |
| --- | --- |
| * Headaches
* “Pressure in head”
* Nausea or vomiting
* Neck pain
* Balance problems or dizziness
* Blurred, double, or fuzzy vision
* Sensitivity to light or noise
* Feeling sluggish or slowed down
* Feeling foggy or groggy
* Drowsiness
* Change in sleep patterns
 | * Amnesia
* “Don’t feel right”
* Fatigue or low energy
* Sadness
* Nervousness or anxiety
* Irritability
* More emotional
* Confusion
* Concentration or memory problems (forgetting game plays)
* Repeating the same question/comment
 |

**Signs observed by teammates, parents and coaches include:**

|  |  |
| --- | --- |
| * Appears dazed
* Confused about assignment
* Is unsure of game, score, or opponent
* Shows behavior or personality changes Can’t recall events prior to hit
* Can’t recall events after hit
* Any change in typical behavior or personality
 | * Vacant facial expression
* Forgets plays
* Moves clumsily or displays in-coordination
* Answers questions slowly
* Slurred speech
* Seizures or convulsions
* Loses consciousness
 |

**What can happen if my child keeps on playing with a concussion or returns too soon?**

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete’s safety.

**If you think your child has suffered a concussion**

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The return to play policy of the IESA and IHSA requires athletes to provide their school with written clearance from either a physician licensed to practice medicine in all its branches or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest. In accordance with state law, all IHSA member schools are required to follow this policy. You should also inform your child’s coach if you think that your child may have a concussion. Remember it’s better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to: <http://www.cdc.gov/ConcussionInYouthSports/>

**Signatures are effective for the school year. By typing your name, you are agreeing to the above policies as if you were signing the paper.**

Student-athlete Name: Student-athlete Signature: Date:

Parent/Legal Guardian: Parent/Legal Guardian Signature: Date:

**TRANSPORTATION INFORMATION**

*(Please print clearly & provide all information requested only if your child/children will be riding the school bus)*

**My child will be riding the school bus:** Yes No *If you answered yes, please complete all of the following*

**Name of Student in Household: Grade:**

**Name of Student in Household: Grade:**

**Name of Student in Household: Grade:**

**Name of Student in Household: Grade:**

**Name of Student in Household: Grade:**

**Name of Student in Household: Grade:**

**Parent/Guardian #1**

Daytime phone Cell phone

Parent/Guardian #1 Home Address

City Zip

**Parent/Guardian #2**

Daytime phone Cell phone

Parent/Guardian #2 Home Address

City Zip

**Before** SCHOOL PLAN: (to school): Ride bus from home\* Ride bus from a care provider\*

 Parent will transport Care provider will transport\*\*

 Student will drive Student will walk/ride bike

**After** SCHOOL PLAN: (from school): Ride bus home\* Ride bus to a care provider\*

 Parent will transport Care provider will transport\*\*

 Student will drive Student will walk/ride bike

**\*If a Bus Rider, please list below bus route & circle if your student(s) will be picked up or dropped off more than 1 ½ miles from school.** (If you are not certain which bus route your student(s) ride, please see our Transportation representative-on Registration day only.)

**Bus Route More than 1 ½ miles? Yes No**

**\*\*If your student’s before or after school plan includes a care provider, please complete the following.**

Care Provider Name:

Care Provider’s Address:

Care Provider’s Home Phone: Cell Phone:

**HEALTH INFORMATION**

Full Name of Student: Date of Birth: Grade:

Student Address: Home Phone:

Resides with: Both parents Mother Father Other

Mother’s name: Work #: Cell #:

Father’s name: Work #: Cell #:

Emergency Contact Person: Phone:

**(Contacted when parent(s) cannot be reached)**

Student’s Physician: Phone:

**Please list:**

Health conditions/concerns:

Allergies (environmental/seasonal):

Allergies to medications:

Allergies to food or milk:

***(Please note: an Allergy Action Plan must be completed by physician & parent and turned in by the first day of school or upon enrollment)***

List any emergency action needed while at school or on the bus due to your child’s health condition

Does your child wear glasses or contacts? **YES**  **NO**

Does your child have any hearing difficulties? **YES NO**

Does your child carry an inhaler and use independently at school? **YES**  **NO**

***(Please note: A medication form must be completed by parent & physician before your child can carry an inhaler AND the physician must provide an Asthma Action Plan to the school. )Forms are located on the school website or from the school nurse.)***

Does your child keep an inhaler in the nurse’s office and use under supervision? **YES**  **NO**

***(Please note: A medication form must be completed by parent & physician before medication can be administered to your child AND the physician must provide an Asthma Action Plan to the school.) Forms are located on the school website or from the school nurse.)***

Does your child take medication on a daily basis? **YES**  **NO**

**PLEASE LIST:**

Does your child require medication during school hours? **YES NO**

**PLEASE LIST:**

***(Please note: A medication form must be completed by parent & physician before medication can be administered to your child.)***

**\*\*The school does NOT administer or provide over the counter medication such as Tylenol , Advil, or cough medication.** You must provide the medication in an unopened original container from the manufacturer and complete the Authorization for Administration of Medication which **requires physician and parent signatures.**

**Signatures are effective for the school year. By signing or typing your name, you are agreeing to the above policies.**

Parent Signature: Date:

Dear Parent/Guardian:

Children need healthy meals to learn. **Pawnee CUSD #11** offers healthy meals every school day. Breakfast costs **$1.25 daily;** lunch costs **K-6th - $2.00 & 7th-12th - $2.15 daily.** Your children may qualify for free meals or for reduced price meals. Reduced price is **30 cents daily** for breakfast and **40 cents daily** for lunch. To apply for free or reduced-price meals, use the Household Eligibility Application, which is enclosed. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to the junior high/high school office.

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

|  |  |
| --- | --- |
| **Federal Income Eligibility Guidelines (Effective from July 1, 2017 to June 30, 2018)** |  |
|  |  |
|  | **Reduced-Price Meals (185% Federal Poverty Guideline)** | **Federal****Poverty****Guideline** |
|  |  |  |
| Household Size | Annual | Monthly | Twice Per Month | Every Two Weeks | Weekly | Annual |
| 1 | 22,311 | 1,860 | 930 | 859 | 430 | 12,060 |
| 2 | 30,044 | 2,504 | 1,252 | 1,156 | 578 | 16,240 |
| 3 | 37,777 | 3,149 | 1,575 | 1,453 | 727 | 20,420 |
| 4 | 45,510 | 3,793 | 1,897 | 1,751 | 876 | 24,600 |
| 5 | 53,243 | 4,437 | 2,219 | 2,048 | 1,024 | 28,780 |
| 6 | 60,976 | 5,082 | 2,541 | 2,346 | 1,173 | 32,960 |
| 7 | 68,709 | 5,726 | 2,863 | 2,643 | 1,322 | 37,140 |
| 8 | 76,442 | 6,371 | 3,186 | 2,941 | 1,471 | 41,320 |
| For each additional family member, add | 7,733 | 645 | 323 | 298 | 149 | 4,180 |

|  |
| --- |
| **Federal Income Eligibility Guidelines (Effective from July 1, 2017 to June 30, 2018)** |
|  |
|  | **Free Meals (130% Federal Poverty Guideline)** |
|  |  |
| Household Size | Annual | Monthly | Twice Per Month | Every Two Weeks | Weekly |
| 1 | 15,678 | 1,307 | 654 | 603 | 302 |
| 2 | 21,112 | 1,760 | 880 | 812 | 406 |
| 3 | 26,546 | 2,213 | 1,107 | 1,021 | 511 |
| 4 | 31,980 | 2,665 | 1,333 | 1,230 | 615 |
| 5 | 37,414 | 3,118 | 1,559 | 1,439 | 720 |
| 6 | 42,848 | 3,571 | 1,786 | 1,648 | 824 |
| 7 | 48,282 | 4,024 | 2,012 | 1,857 | 929 |
| 8 | 53,716 | 4,477 | 2,239 | 2,066 | 1,033 |
| For each additional family member, add | 5,434 | 453 | 227 | 209 | 105 |

1. Do I need to fill out an application for each child? No. Complete the application to apply for free or reduced price meals. Use one Household Eligibility Application for all students in your household per district.We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to the school.
2. Who can get free meals? All children in households receiving benefits from Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) and/or are foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals regardless of your income. Also, your children can get free meals if your household’s gross income is within the free limits on the Federal Income Eligibility Guidelines. Children who meet the definition of homeless, runaway, or migrant also qualify for free meals. If you haven’t been told your children will get free meals, please contact your school to see if your child(ren) qualifies.
3. WHO CAN GET REDUCED PRICE MEALS? Your children can get low cost meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart, shown above.
4. A MEMBER OF MY HOUSEHOLD RECEIVED SNAP OR TANF BENEFITS. THE SCHOOL SENT A LETTER STATING THAT MY CHILD IS AUTOMATICALLY APPROVED FOR FREE MEALS BASED ON DIRECT CERTIFICATION. DO I NEED TO DO ANYTHING MORE TO ENSURE THAT MY CHILD RECIEVES FREE MEALS? No. You do not need to do anything more to receive free meals for your child. If you have students not listed on the letter, contact the school immediately. If you do not wish to receive the free meals, you should follow the steps outlined in the letter from the school to notify school personnel immediately.
5. MY CHILD’S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? Yes. Your child’s application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
6. I GET WIC. CAN MY CHILD(REN) GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out the enclosed application.
7. Will the information I give be checked? Yes. We may also ask you to send written proof.
8. If I don’t qualify now, may I apply later?Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
9. What if I disagree with the school’s decision about my application?You should talk to school officials. You also may ask for a hearing by calling or writing to the person listed above.
10. May I apply if someone in my household is not a U.S. citizen?Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
11. Who should I include as members of my household? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
12. What if my income is not always the same?List the amount that you normally receive. For example, if you normally make $1000 each month, but you missed some work last month and only made $900, put down that you made $1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. We are in the military. do we include our housing allowance as income?Ifyou get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
14. My spouse is deployed to a combat zone. is her combat pay counted as income? No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn’t received before she was deployed, combat pay is not counted as income. Contact your school for more information.
15. My family needs more help. Are there other programs we might apply for? To find out how to apply for SNAP, TANF or other assistance benefits, contact your local Department of Human Services office or call (800) 843-6154 (voice) or (800) 447-6404 (TTY).

Sincerely,

**Timothy R. Kratochvil**

Junior High/High School Principal

****

# APPLICATION FOR FREE MILK/MEAL AND REDUCED-PRICE MEALS---Complete One Application Per Household Per School District. Instructions on previous page.

1. All Household Members Check If Error Prone Application

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NAMES OF ALL HOUSEHOLD MEMBERSFirst, Middle Initial, Last | (for student only)School Name | (f<11Sludentonl1)Grade | **SNAP OR TANF CASE NUMBER** Skip to Part4 if youlist a SNAP or TANF case number. At least one SNAP TANF mustbe provided below. | Check if no Income | Check if Foster Chile\* |
|  |  |  |  |  | - |  |  |  | - |  |  | - |  |  |  |  |  |  |  |  |
|  |  |  |  |  | - |  |  |  | - |  |  | - |  |  |  |  |  |  |  |  |
|  |  |  |  |  | - |  |  |  | - |  |  | - |  |  |  |  |  |  |  |  |
|  |  |  |  |  | - |  |  |  | - |  |  | - |  |  |  |  |  |  |  |  |
|  |  |  |  |  | - |  |  |  | - |  |  | - |  |  |  |  |  |  |  |  |
|  |  |  |  |  | - |  |  |  | - |  |  | - |  |  |  |  |  |  |  |  |

## Homeless, Migrant, Runaway, or Head Start (Categorically eligible)

 Homeless Migrant Runaway Head Start

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

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

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

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

1. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 3 is completed or if no income is checked in Part 1 the adult signing the form must also list the last four digits his or her social security number or mark the *I* do *not have* a *social security number* box.

XXX-XX-

Social Security Number

 I **do not** have a social

 security number.

I certify (promise) all information on this application is true and all income is reported. I understand the school will get Federal funds based on the Information I give. I understand school officials may ve1ify (check) the information. I understand if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

*Date Printed Name of Adult Household Member Signature of Adult Household Member*

## Contact Information (Optional)

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

## Children's Racial and Ethnic Identities (Optional)

Mark one ethnic identity:

Hispanic/Latin

 Not Hispanic/Latino

Mark one or more racial identities:

 Asian Black or African American

 White American Indian or Alaska Native

 Native Hawaiian or Other Pacific Islander

## Sharing Application Information With *All Kids-All Kids* program is a complete healthcare program for every child in Illinois.



Total

Income

Every 2

Twice a

NUMBER IN

CHANGE IN

 Per: Week weeks Month Month Year HOUSEHOLD: STATUS: Date

LEAs must annualize income only when multiple incomes, at varying frequencies, are reported.

Annual Income Conversion Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12

 Free based on:

 homeless

 migrant

 runaway

 Head Start

SNAP or TANF

 foster child

 household's income

 Reduced based on:

Signature of Determining Official

 household's income

Denied-Reason:

 Income too high

 incomplete application

 Non-qualifying SNAP/TANF

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

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

Signature of Determining Official

*THE FOLLOWING SECTIONS ARE NOT REQUIRED FOR SCHOOLS/DISTRICTS THAT ONLY PARTICIPATE IN IILLINOIS FREE AND/OR SPECIAL MILK PROGRAMS*

 (Prior to verification and only for those applications selected for verification.)

CONFIRMATION

VERIFICATION

Signature of Confirming Official

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Verifying Official’s

Signature

 Mail Telephone Personal Contact Date:

DIRECT VERIFICATION COMPLETED

DATE VERIFICATION NOTICE SENT:

DATE RESPONSE DUE FROM

HOUSEHOLD:

(recommended 10 calendar days)

DATE, METHOD, RESULTS OF FOLLOW-UP

(recommended 3 business days)

INITIAL DETERMINATION

Free based on SNAP/TANF case number

Free based on income

Reduced based on income

VERIFICATION RESULTS

No Change

Free to Reduced

Free to Paid

Reduced to Free

Reduced to Paid

REASON FOR CHANGE

Income: $

Household Size:

Change in SNAP/TANF

Did not respond

Other:

DATE NOTICE OF STATUS CHANGE SENT:

EFFECTIVE DATE OF STATUS CHANGE