

Pawnee Junior High/High School Registration Forms

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)

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)

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)

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:

During the course of the school year it is often necessary to treat minor injuries or illnesses (conditions such as cuts & scrapes, rashes, etc). The products most often used at Pawnee School are listed below.

Please mark yes or no for any product(s) listed below.

Calamine/Caladryl lotion (generic): ☐ Yes ☐ No Insect bite sting relief spray: ☐ Yes ☐ No

Triple antibiotic ointment (generic): ☐ Yes ☐ No Cool Gel burn relief gel: ☐ Yes ☐ No

Hydrogen peroxide: ☐ Yes ☐ No Saline contact lens solution: ☐ Yes ☐ No

****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.**

Name of Student: (required)

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

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

☐ Homeless Act does not apply

☐ Unsheltered (car, park, etc.)

☐ With family or friends due to loss of housing or economic hardship

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:

PHYSICAL EDUCATION ☐ N/A

(Junior high students, freshmen & sophomores will need a P.E. uniform. Students can use last year's uniform)

My son/daughter needs Physical Education Shorts: ☐ Yes ☐ No

Size: ☐ XS ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ XXXL

My son/daughter needs a Physical Education shirt: ☐ Yes ☐ No

Size: ☐ XS ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ XXXL

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:

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 #:

Agency that Handles Company:

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:	<input type="text"/>	Grade:	<input type="text"/>
Name of Student in Household:	<input type="text"/>	Grade:	<input type="text"/>
Name of Student in Household:	<input type="text"/>	Grade:	<input type="text"/>
Name of Student in Household:	<input type="text"/>	Grade:	<input type="text"/>
Name of Student in Household:	<input type="text"/>	Grade:	<input type="text"/>
Name of Student in Household:	<input type="text"/>	Grade:	<input type="text"/>

Parent/Guardian #1	<input type="text"/>		
Daytime phone	<input type="text"/>	Cell phone	<input type="text"/>
Parent/Guardian #1 Home Address	<input type="text"/>		
City	<input type="text"/>	Zip	<input type="text"/>
Parent/Guardian #2	<input type="text"/>		
Daytime phone	<input type="text"/>	Cell phone	<input type="text"/>
Parent/Guardian #2 Home Address	<input type="text"/>		
City	<input type="text"/>	Zip	<input type="text"/>

Before SCHOOL PLAN: (to school):	<input type="checkbox"/> Ride bus from home*	<input type="checkbox"/> Ride bus from a care provider*
	<input type="checkbox"/> Parent will transport	<input type="checkbox"/> Care provider will transport**
	<input type="checkbox"/> Student will drive	<input type="checkbox"/> Student will walk/ride bike
After SCHOOL PLAN: (from school):	<input type="checkbox"/> Ride bus home*	<input type="checkbox"/> Ride bus to a care provider*
	<input type="checkbox"/> Parent will transport	<input type="checkbox"/> Care provider will transport**
	<input type="checkbox"/> Student will drive	<input type="checkbox"/> 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	<input type="text"/>	More than 1 ½ miles? Yes <input type="checkbox"/> No <input type="checkbox"/>
**If your student's before or after school plan includes a care provider, please complete the following.		
Care Provider Name:	<input type="text"/>	
Care Provider's Address:	<input type="text"/>	
Care Provider's Home Phone:	<input type="text"/>	Cell Phone: <input type="text"/>

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.

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 Enhancing Substance Testing Policy*** ☐ Yes ☐ No

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

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

I have read in the handbook the ***Student Driving and Parking Policy*** and I authorize my child to drive to school and park on school property. I realize this is a privilege that can be taken away 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. ☐ N/A ☐ Yes ☐ No

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

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 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. 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. 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:

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:

- | | |
|--|--|
| <ul style="list-style-type: none">• 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 | <ul style="list-style-type: none">• 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:

- | | |
|--|---|
| <ul style="list-style-type: none">• 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 | <ul style="list-style-type: none">• 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:

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 - \$2.25 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, 2015 to June 30, 2016)						
	Reduced-Price Meals (185% Federal Poverty Guideline)					Federal Poverty Guideline
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly	Annual
1	21,775	1,815	908	838	419	11,770
2	29,471	2,456	1,228	1,134	567	15,930
3	37,167	3,098	1,549	1,430	715	20,090
4	44,863	3,739	1,870	1,726	863	24,250
5	52,559	4,380	2,190	2,022	1,011	28,410
6	60,255	5,022	2,511	2,318	1,159	32,570
7	67,951	5,663	2,832	2,614	1,307	36,730
8	75,647	6,304	3,152	2,910	1,455	40,890
For each additional family member, add	7,696	642	321	296	148	4,160

Federal Income Eligibility Guidelines (Effective from July 1, 2015 to June 30, 2016)					
	Free Meals (130% Federal Poverty Guideline)				
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	15,301	1,276	638	589	295
2	20,709	1,726	863	797	399
3	26,117	2,177	1,089	1,005	503
4	31,525	2,628	1,314	1,213	607
5	36,933	3,078	1,539	1,421	711
6	42,341	3,529	1,765	1,629	815
7	47,749	3,980	1,990	1,837	919
8	53,157	4,430	2,215	2,045	1,023
For each additional family member, add	5,408	451	226	208	104

- 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.
- 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.
- 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.
- 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.
- 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? If you 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

INSTRUCTIONS FOR APPLYING – COMPLETE ONE APPLICATION PER HOUSEHOLD PER SCHOOL DISTRICT

IF YOUR HOUSEHOLD RECEIVES SNAP OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

Part 1: List all household members, school and grade for each student, and a SNAP or TANF case number for any household member including adults receiving such benefits. (Attach another sheet of paper if necessary.)

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. (The last four digits of a Social Security Number are not necessary.)

Part 5, 6, 7: Contact Information, Children's Racial and Ethnic Identities, and *All Kids* Information: Answer these questions if you choose to. (Optional)

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY OR HEAD START/EVEN START, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

Part 1: List all household members and the name of school for each child.

Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.

Part 3: Complete only if a child in your household isn't eligible under Part 2. See instructions for All Other Households.

Part 4: Sign the form. Only if part 3 is completed, please include the last four digits of a Social Security Number. (or mark the box if s/he doesn't have one).

Part 5, 6, 7: Contact Information, Children's Racial and Ethnic Identities, and *All Kids* Information: Answer these questions if you choose to. (Optional)

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

If all children in the household are foster children that are the legal responsibility of a foster care agency or court:

Part 1: List all foster children and the school name for each child. Check the "Foster Child" box for each foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. The last four digits of a Social Security Number are not necessary.

Part 5, 6, 7: Contact Information, Children's Racial and Ethnic Identities, and *All Kids* Information: Answer these questions if you choose to. (Optional)

If some of the children in the household are foster children that are the legal responsibility of a foster care agency or court:

Part 1: List all household members and the name of school for each child. For any person, including children, with no income, you must check the "No Income" box. Check the "Foster Child" box for each foster child.

Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.

Part 3: Follow these instructions to report total household income from this month or last month.

- **Box 1–Name:** List all household members with income.
- **Box 2 –Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDIPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

Part 5, 6, 7: Contact Information, Children's Racial and Ethnic Identities, and *All Kids* Information: Answer these questions if you choose to. (Optional)

ALL OTHER HOUSEHOLDS INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the name of school for each child. For any person, including children, with no income, you must check the "No Income" box.

Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.

Part 3: Follow these instructions to report total household income from this month or last month.

- **Box 1–Name:** List all household members with income.
- **Box 2 –Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDIPIR, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

Part 5, 6, 7: Contact Information, Children's Racial and Ethnic Identities, and *All Kids* Information: Answer these questions if you choose to. (Optional)

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

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in any program or activity conducted or funded by the USDA. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to the USDA, Director, Office of Adjudication, 1400 Independence Avenue, SV, Washington, DC 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

1. All Household Members

☐ Check If Error Prone

Application

NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	(for student only) School Name	(if <11 Student only) Grade	SNAP OR TANF CASE NUMBER Skip to Part 4 if you list a SNAP or TANF case number. At least one SNAP TANF must be provided below.												Check if no Income	Check if Foster Child*

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

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

☐ Homeless
 ☐ Migrant
 ☐ Runaway
 ☐ Head Start

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

Date

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

A. NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 (twice a month); \$100/every other week; \$100/week)							
	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.	\$		\$		\$		\$	

4. 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 verify (check) the information. I understand if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

Date

Printed Name of Adult Household Member

Signature of Adult Household Member

5. Contact Information (Optional)

Work Telephone Number (Include Area Code) Home Telephone Number (Include Area Code)

Home Address (Number, Street, City, State, Zip Code)

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

Mark one ethnic identity:

☐ 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

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

No! I DO NOT want information from my Household Eligibility Application shared with All Kids.

Sign here: _____

-- THE FOLLOWING SECTIONS ARE FOR SCHOOL USE ONLY --

INITIAL DETERMINATION

Total Income	Per: <input type="checkbox"/> Week <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Month <input type="checkbox"/> Year	NUMBER IN HOUSEHOLD:	CHANGE IN STATUS:	Date
LEAs must annualize income only when multiple incomes, at varying frequencies, are reported.				
Annual Income Conversion	Weekly X 52	Every 2 Weeks X 26	Twice a Month X 24	Once a Month X 12
<input type="checkbox"/> Free based on: <input type="checkbox"/> homeless <input type="checkbox"/> migrant <input type="checkbox"/> runaway <input type="checkbox"/> Head Start	<input type="checkbox"/> SNAP or TANF <input type="checkbox"/> foster child <input type="checkbox"/> household's income	<input type="checkbox"/> Reduced based on: <input type="checkbox"/> household's income	<input type="checkbox"/> Denied-Reason: <input type="checkbox"/> Income too high <input type="checkbox"/> incomplete application <input type="checkbox"/> Non-qualifying SNAP/TANF	Date Withdrawn: _____ Date: _____
Signature of Determining Official				

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

CONFIRMATION VERIFICATION

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

Signature of Confirming Official

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☐ Mail ☐ Telephone ☐ Personal Contact

Verifying Official's Signature

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
