New Student Grades 1 – 12
Enrollment Packet

Welcome to Big Pine U.S.D.
2021 – 2022

The enclosed Registration Packet includes items that need to be read carefully by parents. The forms attached are critical to have on file for your student. We will also need a copy of the students Birth Certificate and Immunization Records.

The prompt return of the packet to the school office is encouraged. Your student will only be able to participate in all school activities, including use of the library and sports, when all the forms are completed and returned.
Dear Parent or Guardian:

We are pleased to inform you that Big Pine Unified School District participates in the National School Lunch and School Breakfast Programs called the Community Eligibility Provision (CEP).

Schools that participate in the CEP are able to provide healthy breakfasts and lunches each day at no charge for all students enrolled in that CEP school during the school year.

If we can be of any further assistance, please contact us at 760-938-2222.

Sincerely,

Ed Dardenne-Ankringa
Superintendent/Principal

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, audiotape, 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 Avenue, SW  
   Washington, D.C. 20250-9410

(2) Fax: 202-690-7442

(3) E-mail: program.intake@usda.gov

This institution is an equal opportunity provider.
New Student Enrollment Forms Checklist

√ = received/complete

Student Record Request

Emergency Form

Registration Card

Health Registration

Consent to Treat

Field Trip Form

Parent Permission for Student Photo

Home Language

Race and Ethnicity Information Form

Medication at School Form/ If Applicable

Caregiver Form/ If Applicable

Copy of Birth Certificate

Copy of Immunizations

Received Student Handbook

Confidential Free & Reduced Meal Application

Chromebook Use Agreement (3rd-12th) (In The Student & Parent Technology Handbook)

Parental Acknowledgement and Permission Page

The Annual Notice to Parents/Guardians
Student Record Request

Authorization for Release of Information
(Public Law 93-380, 93rd Congress H.R. 69)

Name of Student
Birth date

Name of Student
Birth date

Name of Student
Birth date

I am requesting the release of the indicated record:

____ Transcript and/or cumulative folder
____ Student CSIS Number
____ Test scores
____ Health record – Immunization Record
____ I.E.P. record
____ Athletic record
____ Scholarship information
____ Extracurricular activities information

I give my permission to send the above documents to the address indicated. I understand that this information is confidential and is for school use only.

_________________________________________  _______________________
Signature of Parent/Guardian                        Date

Fax/Request Date(s)
1st
2nd
3rd

Previous School Name: ____________________________  School Phone: ________________
Big Pine Unified School District Emergency Information 2021-2022
Alternate Contact Information

Student: _________________________ Grade __________
Student: _________________________ Grade __________
Student: _________________________ Grade __________
Student: _________________________ Grade __________
Student: _________________________ Grade __________

PARENT(S)/GUARDIAN(S)
Mother (or Guardian): ____________________________________________
Father (or Guardian): ____________________________________________
Mailing Address: ________________________________________________
Street Address: _________________________________________________
Home Phone: ___________________________ Cell Phone ______________

PLACE OF BUSINESS/WORK:
Mother: Name of business: ________________________________________ Phone: __________
         Address: _________________________________________________
Father: Name of business: ________________________________________ Phone: __________
         Address: _________________________________________________

PERSONS TO CONTACT IF UNABLE TO CONTACT PARENTS:
1. _________________________ Relationship __________ Phone: __________
2. _________________________ Relationship __________ Phone: __________
3. _________________________ Relationship __________ Phone: __________

RELEASE FOR EMERGENCY MEDICAL TREATMENT:
In the event of an injury, medical treatment may only be provided if this authorization is signed and contact with
parent(s)/guardian(s) is not possible.

I/we hereby authorize the Big Pine Unified School District to provide medical treatment by a licensed physician
in the event of a medical emergency for our child(ren):

All Children Covered Under this Release Must be Listed on the Back of this Sheet!

Parent/Guardian ____________________________ Date __________
<table>
<thead>
<tr>
<th>Name: ___________________________</th>
<th>Date of Birth: __________</th>
<th>Grade: ______</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEALTH CONCERNS Yes/No: If Yes, Please Explain: (Example: Allergies, asthma – inhaler, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician: _______________________</td>
<td>Phone: __________________</td>
<td></td>
</tr>
</tbody>
</table>

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<th>Date of Birth: __________</th>
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<td></td>
<td></td>
</tr>
<tr>
<td>Physician: _______________________</td>
<td>Phone: __________________</td>
<td></td>
</tr>
</tbody>
</table>

Thank you
Big Pine Unified School District Annual Registration Card 2021 - 2022

Name: ___________________________ (Last Name) ___________________________ (First Name) ___________________________ (Middle Name)

__Male  __Female  __Nonbinary  Birth Date: __________  Birth City & State ___________________________  Current Grade ______

Name: ___________________________ (Last Name) ___________________________ (First Name) ___________________________ (Middle Name)

__Male  __Female  __Nonbinary  Birth Date: __________  Birth City & State ___________________________  Current Grade ______

Name: ___________________________ (Last Name) ___________________________ (First Name) ___________________________ (Middle Name)

__Male  __Female  __Nonbinary  Birth Date: __________  Birth City & State ___________________________  Current Grade ______

(additional children see back side)

Mailing Address: ___________________________  City/Town ___________________________

Physical Address: ___________________________  Located on Federal Land? Y or N

Student Resides with:

___ Both Parents  ___ Mother  ___ Father  ___ Step-Parent  ___ Guardian  ___ Homeless

<table>
<thead>
<tr>
<th>Name</th>
<th>Home #</th>
<th>Work #, Ext</th>
<th>Cell #</th>
<th>E-mail Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother:</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Step-Parent:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guardian:</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Emergency Contact (other than parent): Parent will ALWAYS be called first. If parent contact cannot be made, the following ADULTS will be contacted in matters involving this student (medical emergency, discipline matters, illness, etc.)

<table>
<thead>
<tr>
<th>Name/Relationship</th>
<th>Home #</th>
<th>Work #, Ext</th>
<th>Cell #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Father: __ Not a High School Graduate

__ High School Graduate/G.E.D.

__ Some College/Vocational School

__ 4 year College Graduate (B.A)

__ Graduate School/Post Graduate Training (M.A., Ph.D.)

Mother: __ Not a High School Graduate

__ High School Graduate/G.E.D.

__ Some College/Vocational School

__ 4 year College Graduate (B.A)

__ Graduate School/Post Graduate Training (M.A., Ph.D.)

I, ____________________________________, authorize for the disclosure of health information as required by HIPAA Privacy rules to occur regarding my child with health care providers and the school office.

Initial:  Yes  ____  No  ____
HEALTH REGISTRATION

NAME: ___________________________ M F BIRTHDATE: __________ GRADE ______
NAME: ___________________________ M F BIRTHDATE: __________ GRADE ______
NAME: ___________________________ M F BIRTHDATE: __________ GRADE ______
NAME: ___________________________ M F BIRTHDATE: __________ GRADE ______
NAME: ___________________________ M F BIRTHDATE: __________ GRADE ______
NAME: ___________________________ M F BIRTHDATE: __________ GRADE ______

PARENT(S) NAME(S): ___________________________ PHONE: ___________________________

Medical Insurance: Group ___________________________ Medi-Cal ___________________________ None ______
Family Physician: ___________________________ Phone: ___________________________

IMMUNIZATIONS: California State Law (Health & Safety Code Div.4, Chap. 7, 8,10) requires that students entering school in California must have proof of immunizations.

VISION: Has Glasses Yes/No Began wearing glasses (month/year) __________
Last vision exam (month/year) __________ Name of M.D. or O.D. __________

HEARING: Any problems Yes/No Parent Concerns:

____ Frequent Ear Infections ____ Preferential Seating ____ Hard Wax ____ Hearing Aid
Last seen by Dr. ___________________________ on (month/year) __________

SCHOOL HISTORY:

____ Speech Therapy: Preschool, Grade _____ to Grade ____. Still needs help: Yes No
____ Psychological Evaluation for: Learning Problems ____ Behavioral Problems ____
____ There no longer seems to be a problem
____ We would like further help for our child.

Parental concerns

____ Took Special Education Class from Grade _____ to Grade __________
____ Still has Special Education needs

MEDICAL HISTORY:

Last Complete Physical (month/year): __________ Doctor Name: __________________________
____ Allergies: ____ Medications ____ Foods ____ Bees
____ Asthma: ____ Mild ____ Moderate ____ Severe

Needs Asthma medication at School Y/N
____ Diabetic: Date diagnosed (month/year) __________
____ Orthopedic Problems: Describe: __________________________
____ Epilepsy? ____ Petit mal ____ Grand mal ____ Other
Medication(s) __________________________

Heart Problems. Describe __________________________
____ Urinary ____ Incontinence
____ Respiratory Problems? Describe __________________________
____ TB Contact ____ Whooping Cough

Continued – Please Complete Following Page
MEDICATION POLICY:
If your child is taking medication and it must be taken during school hours, contact the school secretary and your physician for an authorization form. No student is permitted to take medication at school unless the authorization form is signed by the physician and the parent and returned to school. No medications can be self-administered by students without signed permission forms on file in the school office.

EMERGENCY CARE POLICY:
I understand that in the event that I, or my emergency contacts, cannot be reached and my dependant is in need of emergency medical treatment, he/she would be transported to the Northern Inyo Hospital emergency room via ambulance. As the parent, agency representative, or legal guardian, I hereby give consent for all emergency dental, or medical care prescribed by a duly licensed physician (M.D.), or dentist (D.D.S.) for my dependant. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependant. My signature also indicates acknowledgement of receipt of information pertaining to parent’s rights and specialized instructional programs.

I, ____________________, authorize for the disclosure of health information as required by HIPAA Privacy rules to occur regarding my child with health care providers and the school office.

Initial:  Yes  ___  No  ___

Form completed by: ___________________________ Date: ______________

Signed: ___________________________ Date: ______________

Relationship to Student: ___________________________
Authorization to Consent to Treatment of Minor

(1) (We), the undersigned, parent/guardian(s) of child(ren) listed above, a minor(s), do hereby grant, any hospital, emergency center, doctor, nurse/and/or paramedic, authorization to give treatment to my child(ren), when accompanied by or escorted to the treating facility by a teacher, coach, teacher’s aide, principal, or any member of Big Pine Unified School District. As agent(s) for the undersigned, (1) (WE) authorize consent of any x-ray examinations, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of any licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

Further, should the attending physician determine after examination that life-saving surgery or other life-saving procedures may be necessary; permission is hereby extended to the above parties to grant same. Additionally, (I) (WE) agree to hold harmless such personnel and the Big Pine Unified School District Board of Education by my/our action of granting said permission.

(1) (WE) hereby authorize any hospital which has provided treatment to the above-named minor pursuant to the provisions of Section 25.8 of the Civil code of California to surrender physical custody of such minor to (My) (Our) above-named agent(s) upon the completion of treatment. His authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until the above-named minor is un-enrolled from Big Pine Unified Schools or the current school year of 2021 - 2022 has been completed.

*********************************************************************************************************************

Name and Phone # of Current Physician: ________________________________________________________________

Birth Dates: _______________ Date of Last Tetanus Shots: _______________

Insurance Carrier/Number: ___________________________

Allergies: ___________________________________ Medications: ___________________________

Other Medical Information: _____________________________________________________________

_________________________ __________________________
Signature of Father/Mother/Legal Guardian & Date Cell Phone

_________________________ __________________________
Signature of Father/Mother/Legal Guardian & Date Cell Phone

In case of emergency and inability to notify parents/guardians, BPUSD will attempt to notify:

1. Name: ___________________________ 2. Name: ___________________________

Phone: ___________________________ Phone: ___________________________
BIG PINE UNIFIED SCHOOL DISTRICT
FIELD TRIP PERMISSION FORM 2021 – 2022

Student Names:                                           Grade Level:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Dear Parent/Guardian:

From time to time throughout the school year, your child will have the opportunity to participate in educational and athletic field trips and excursions. Typical trips have included musical performances, guest speakers, nature visits, academic competitions, and athletic events. Students are transported by school bus, school van, or private vehicles approved by the school district. Students often walk for nearby visits.

In order to eliminate the necessity of completing a separate authorization form for each of these trips, we ask that you initial the appropriate choice (A, B, or C) for your child.

This will authorize the school to include your child in ANY OR ALL of the activities planned during the year.

A. _____ I hereby authorize ________________________, grades ________, to participate in any or all expedition or case study fieldwork trips, outdoor adventures, or athletic events in which the student is qualified to attend, which may be planned by his/her teacher or the school during the current school year.

If you prefer, Line B can be used for ONE SPECIFIC EVENT ONLY.

B. _____ I hereby authorize ________________________, grade ____, to participate in Name Activity _____________________________.

If you have any objections to your student’s participation in school related trips - Line C.

C. _____ I do NOT wish ________________________, grade ____, to participate in school sponsored activities, which require the students to leave the school

RELEASE FOR EMERGENCY MEDICAL TREATMENT

When a student suffers a serious injury or illness while at school or at an off-campus school trip or function, first aid will be rendered in accordance with local school policies and an immediate and continuing effort will be made to contact the parents of that student. If contact with the parent/guardian is not possible, medical treatment may not be provided unless this authorization is signed.

I hereby authorize the Big Pine Unified School District to provide medical treatment by a licensed physician in the event of a medical emergency for

__________________________________________________________________________

Parent/Guardian Signature                                      Date

Home Phone: ________________________                      Work Phone: ________________________

Family Physician: ________________________

Phone: ________________________

Medical Insurance: ________________________

Policy No.: ________________________

List any physical disabilities (i.e.: diabetes, epilepsy, severe allergy, etc.)

__________________________________________________________________________

List any medication your student has had an allergic reaction to:

__________________________________________________________________________
Parent Permission 2021 – 2022

Student Photo/Picture/Information

For Public Relations purposes and with student safety in mind, your student’s photo/information may be used to help promote a program, awards, assemblies, sporting programs, campus life, etc., via local media (radio, television, newspaper) and on our district website.

Please fill out the slip below, detach and return slip to school with your student.

Thank you!

Student Name & Grade ________________________________

Student Name & Grade ________________________________

Student Name & Grade ________________________________

Student Name & Grade ________________________________

Student Name & Grade ________________________________

Student Name & Grade ________________________________

Parent/Guardian Signature: ___________________________ Date: ______

____ Yes, BPUSD has permission to use my child’s picture as noted above.

____ No, I prefer personal contact if my child’s photo is to be used in any manner.
BIG PINE UNIFIED SCHOOL DISTRICT
HOME LANGUAGE SURVEY

The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students.

Your cooperation in helping us meet this important requirement is requested. Please answer the following questions and have your son/daughter return this form to his/her teacher. Thank you for your help.

STUDENT NAME: ____________________________
GRADE: ____________________________ AGE: ______________

STUDENT NAME: ____________________________
GRADE: ____________________________ AGE: ______________

STUDENT NAME: ____________________________
GRADE: ____________________________ AGE: ______________

STUDENT NAME: ____________________________
GRADE: ____________________________ AGE: ______________

1. Which language did you son or daughter learn when he or she first began to talk?

2. What language does your son or daughter most frequently use at home?

3. What language do you use most frequently to speak to your son or daughter?

4. Name the language most often spoken by the adults at home?

________________________________________
Signature of Parent/Guardian

________________________________________
Date

2021 - 2022 school year
2021-2022 Kindergarten & New Student Race & Ethnicity Information Form

The State of California now recognizes race and ethnicity as two separate identifiers. Please fill out this form to the best of your knowledge. Thank you for your cooperation.

Ethnicity: Is this student Hispanic or Latino? (Select only one)

☐ No, not Hispanic or Latino
☐ Yes, Hispanic or Latino

Note – The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

Race – What is the race of this student? (Select one or more)
☐ American Indian or Alaska Native
☐ Asian Indian
☐ Black or African American
☐ Cambodian
☐ Chinese
☐ Filipino
☐ Guamanian
☐ Hawaiian
☐ Hmong
☐ Japanese
☐ Korean
☐ Laotian
☐ Other Asian
☐ Other Pacific Islander
☐ Samoan
☐ Tahitian
☐ Vietnamese
☐ White
Big Pine Unified School District
Caregiver’s Affidavit

Use of this affidavit is authorized by Part 1.5 (commencing with Section 6550) of Division 11 of the California Family Code.

Instructions: Completion of items 1-4 and the signing of the affidavit is sufficient to authorize enrollment of a minor in school and authorize school-related medical care. Completion of items 5-8 is additionally required to authorize any other medical care. Print clearly.

The minor named below lives in my home and I am 18 years of age or older.

1. Name of minor: __________________________________________
2. Minor’s birth date:________________________________________
3. My name (adult giving authorization): ________________________
4. My home address: _________________________________________
5. ( ) I am a grandparent, aunt, uncle, or other qualified relative of the minor (see back of this form for a definition of “qualified relative”).
6. Check one or both (for example, if one parent was advised and the other cannot be located):
   ( ) I have advised the parent(s) or other person(s) having legal custody of the minor of my intent to authorize medical care, and have received no objection.
   ( ) I am unable to contact the parent(s) or other person(s) having legal custody of the minor at this time, to notify them of my intended authorization.

7. My date of birth: _________________________________________
8. My California’s driver’s license or identification card number: ______________________________

Warning: Do not sign this form if any of the statements above are incorrect, or you will be committing a crime punishable by a fine, imprisonment, or both.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: ___________________________ Signed: ___________________________

NOTICES:
1. This declaration does not affect the rights of the minor’s parents or legal guardian regarding the care, custody, and control of the minor, and does not mean that the caregiver has legal custody of the minor.
2. A person who relies on this affidavit has no obligation to make any further inquiry or investigation.
3. This affidavit is not valid for more than one year after the date on which it is executed.

Please see reverse side for additional information.
TO CAREGIVERS:

1. "Qualified relative," for purposes of item 5, means a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great" or the spouse of any of the persons specified in this definition, even after the marriage has been terminated by death or dissolution.

2. The law may require you, if you are not a relative or a currently licensed foster parent, to obtain a foster home license in order to care for a minor. If you have any questions, please contact your local department of social services.

3. If the minor stops living with you, you are required to notify the school, health care provider, or health care service plan to which you have given this affidavit.

4. If you do not have the information required in item 8 (California driver’s license or I.D.), provide another form of identification such as your social security number or Medi-Cal number.

TO SCHOOL OFFICIALS:

1. Section 48204 of the Education Code provides that this affidavit constitutes a sufficient basis for determination of residency of the minor, without the requirement of a guardianship or other custody order, unless the school district determines from actual facts that the minor is not living with the caregiver.

2. The School district may require additional reasonable evidence that the caregiver lives at the address provided in item 4.
Parent Acknowledgement and Permission Page  
2021 – 2022 
New Student Enrollment

I hereby acknowledge receipt of the following forms, as well as give my permission for my student to participate in the stated activities as applicable.
(Please initial)

↓

____ Student Handbook

____ Annual Notice

____ Publication of my student’s photo for newspaper and/or Big Pine Schools website

YES ____ Allow Big Pine to provide a list to the Branches of Military with my child’s name and information on it.  **(Juniors and Seniors only)**

NO ____ DO NOT submit my child’s information to the Branches of the Military when requested.

Name of Student/Grade __________________________

Name of Student/Grade __________________________

Name of Student/Grade __________________________

Name of Student/Grade __________________________

Name of Student/Grade __________________________

Name of Student/Grade __________________________

Name of Student/Grade __________________________

Parent/Guardian Signature ________________________

Date ____________________
Dear Parent or Guardian:

Big Pine Unified School District has been participating in the National School Lunch and School Breakfast Programs called the Community Eligibility Provision (CEP).

Schools that participate in the CEP are able to provide healthy breakfasts and lunches each day at no charge for ALL students enrolled in that CEP school during the school year.

This year we are required to reapply for the CEP Lunch Program. It is necessary to collect income data for every family. The application has been included in the enrollment packet. Please take a few moments to complete the application and turn it in ASAP. This will help us to qualify our school to continue the CEP Lunch Program.

If we can be of any further assistance, please contact us at 760-938-2222.

Sincerely,

Ed Dardenne-Ankringa
Superintendent/Principal
School Year 2021-2022 Big Pine Unified School District 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. You may also apply online at www.bigpineschools.org. 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, special 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.

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

STEP 2 – ASSISTANCE PROGRAMS: CalFresh, CalWORKS, or FDPIR

Do ANY household members (child or adult) currently participate in CalFresh, CalWORKS or FDPIR? 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 ☐ FDPIR

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

B. ALL OTHER HOUSEHOLD MEMBERS (including yourself): List ALL household members not listed in STEP 1, even if they do not receive income. For each household member, report the TOTAL GROSS income (before deductions) in whole dollars for each source. If the household member does not receive income from any sources, write “0”. If you enter “0” or leave any fields blank, you are certifying (promising) that there is no income to report.

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)

<table>
<thead>
<tr>
<th>Earnings from Work</th>
<th>How Often</th>
<th>Public Assistance/SSI/Child Support/Alimony</th>
<th>How Often</th>
<th>Pensions/Retirement/All Other Income</th>
<th>How Often</th>
</tr>
</thead>
</table>

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:

Mailing Address:

City:

State:

Zip:

E-mail:

DO NOT COMPLETE. SCHOOL USE ONLY

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

Total Household Income

$ ☐

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