



ENROLLMENT REQUIREMENTS
PARENT CHECKLIST

The following items must be presented to the District Registrar prior to your child being enrolled into Charlotte Public Schools.

- Original Certified Birth Certificate
- Parent/Guardian Identification
- Up-to-date Immunization Records
- Proof of Hearing and Vision Screening (Kindergarten Only)
- Enrollment Form
- Enrollment Transition Questionnaire Form
- Residency Verification Affidavit with two Proofs of Residency
- Request for Educational Records
- Student Network Application (only for 4th-12th grades)
- Transportation Form
- Technology Acceptable Use Policy Form
- Temporary Placement for Special Education Services with Copy of Last IEP
- Copy of any court order establishing the right of custody will be required for registration if adult enrolling the student is not listed on the certified birth certificate.
- McKinney-Vento Assistance Form (if applicable)
- Free and Reduced Price School Meals Family Application (if applicable)

1st-12th grade Enrollment Form



IMPORTANT: YOU MUST PRESENT A CERTIFIED BIRTH CERTIFICATE, IMMUNIZATION RECORD, AND TWO PROOFS OF RESIDENCY.

STUDENT INFORMATION

Child's Legal Name (as shown on birth certificate):

Gender: (circle one) MALE FEMALE

FIRST NAME MIDDLE NAME LAST NAME

Date of Birth: _____ / _____ / _____ Place of Birth: _____
MONTH DATE YEAR CITY STATE

Address: _____
STREET ADDRESS CITY ZIP CODE APT/UNIT #

County of Residence: _____ School District of Residence: _____

Previous School Attended: _____
SCHOOL NAME CITY/STATE # OF YEARS ATTENDED

Grade Entering: _____ Student's Cell Phone (if applicable) _____

DOES YOUR CHILD PRESENTLY RECEIVE SPECIAL EDUCATION SERVICES: YES NO

SERVICE TYPE: _____

Race and Ethnic Category: NOTE: Both Part A and Part B of this question MUST BE answered

PART A Is this student Hispanic/Latino?

No, not Hispanic/Latino

Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South
or Central American or other Spanish culture or origin, regardless of race)

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 to indicate what you consider your student's race to be.

PART B What is the student's race? (Choose one or more)

American Indian or Alaska Native (A person having origins in any of the original
peoples of North and South America, including Central America)

Asian (A person having origins in any of the original peoples of the Far East,
Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India,
Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand and Vietnam)

Black or African American (A person having origins in any of the black racial
groups of Africa)

Native Hawaiian or Other Pacific Islander (A person having origins in any of the
original people of Hawaii, Guam, Samoa or other Pacific Islands)

White (A person having origins in any of the original peoples of Europe, the
Middle East or North Africa)

Note: Both PARTS A AND PART B must be completed. We encourage you to select an answer for Both parts. If either part (A or B) is not answered, the U.S. Department of Education requires the school district to supply an answer on your behalf.

PLEASE COMPLETE THE OTHER SIDE ►►►

MEDICAL INFORMATION

Medication, allergies, etc. Health conditions that apply to your child: _____

Family Physician: _____ Office Phone: _____

FAMILY INFORMATION

Siblings Attending Charlotte Public Schools:

Name: _____	Building they attend: _____
Name: _____	Building they attend: _____
Name: _____	Building they attend: _____

Adults in This Family / Living with Child

Name: _____

	FIRST NAME	MIDDLE NAME	LAST NAME
Relationship to Child:	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Other (please specify): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Marital Status: _____

Name: _____

	FIRST NAME	MIDDLE NAME	LAST NAME
Relationship to Child:	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Other (please specify): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Marital Status: _____

If child's mother or father lives at a DIFFERENT address, provide that information here

Name: _____

	FIRST NAME	MIDDLE NAME	LAST NAME
Relationship to Child:	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Other (please specify): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Marital Status: _____

Address: _____

STREET ADDRESS	CITY	STATE	ZIP CODE
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EMERGENCY CONTACTS: In an emergency the school may contact and/or release this student to the following adults. Please use persons that can be reached by phone. List in order which you would like contact to be made.

Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____

Parent / Guardian Signature: _____ Date: _____



Charlotte Public Schools
Enrollment Transition Questionnaire

Dear Parents,

Welcome to Charlotte Public Schools! In order to make your child's transition to our school district as smooth as possible, please fill out the following information. Check any that may apply to your child.

Child's Name _____

Does your child:

Have any medical conditions? _____

Take any medication regularly? _____

Have a native tongue language other than English? [] Yes [] No

Is the primary language used in your child's home or environment a language other than English? [] Yes [] No Language Spoken: _____

Do you have any concerns about your child's:

Hearing _____ Vision _____ Social Skills _____ Math _____

Reading _____ Writing _____ Coordination _____ Speech _____

Has your child ever had special help in:

Speech or Language _____ Math _____ Reading _____

Writing _____ Social Skills or Guidance _____ Other _____

Does your child currently have an IEP (Individual Educational Plan)? _____

Has your child ever been enrolled in:

Tutoring _____ Title One Reading _____ Title One Math _____

Speech Therapy _____ LD Class _____ EMI Class _____

EI Class _____ Other Special Education Services _____

What other information do you think we should know to best serve your child?

Signature of Parent/Guardian: _____ Date: _____



<i>For Office Use Only</i>	
Verified By Transp. Dept	<input type="text"/>
Initial of Staff Person	<input type="text"/>

Residency Verification Affidavit Charlotte Public Schools

Name of Student: _____

Student's DOB: _____

According to State Attorney General Opinion No. 5925, school districts have the right to ask new enrollees to prove residency. By signing this affidavit you are affirming that the address given on all enrollment forms is the legal residence of the parent/guardian enrolling the student and is the residence of the student.

If you are living in the home of another person without a rental or lease agreement, that person must also sign this document and prove their residency.

Verification of residency may be made with any two of the following (check those that apply):

- | | | | |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Property Tax Statement | <input type="checkbox"/> Utility Bill | <input type="checkbox"/> Lease Agreement |
| <input type="checkbox"/> Voter Registration | <input type="checkbox"/> Mortgage/Home Closing Documents | <input type="checkbox"/> Other _____ | (describe) |

---PLEASE READ CAREFULLY---

Should the district learn that this is not the residence and that the parent lives outside the boundaries of the Charlotte School District, the student will be excluded from the district immediately.

Further, the district will require a tuition payment be made for the time in attendance as a non-resident and will take any legal steps to recover the same.

Finally, the falsification of documents will result in a filing of a complaint with the appropriate law enforcement agency for criminal prosecution against all parties involved.

---BY SIGNING BELOW YOU INDICATE THAT YOU HAVE READ AND UNDERSTAND THIS DOCUMENT---

Parent/Guardian Signature _____	Date _____
Person With Whom Residing (if applicable) _____	Date _____
Signature Of Person Whom Residing With: _____	Date _____
Address _____	City _____ Zip _____
CPS Staff Signature & Title: _____	Date _____



CHARLOTTE PUBLIC SCHOOLS

REQUEST FOR EDUCATIONAL RECORDS & AFFIRMATION OF PRIOR DISCIPLINE RECORD

Please forward all transcripts, grades, test records, psychological and diagnostic valuations, health records and State of Michigan assigned unique identification code at your earliest opportunity. Also, please send any special education records for the student named below:

(Student's Name) (Grade) (Date of Birth)
Last School Attended: _____

(Name of School)

(Address) (City) (State) (Zip)

DIRECTIONS: Check the box next to the appropriate paragraph. Please provide information, and sign this document.

Paragraph 1:
 The undersigned affirms that _____ has NOT been suspended or expelled from any school.

Paragraph 2:
 The undersigned affirms that _____ HAS been suspended or expelled from any school.

If you checked the box in paragraph 2, please explain the circumstances. Include the school name, date of suspension or expulsion, and a brief description of the incident giving rise to the suspension or expulsion.

I hereby authorize the release of all records requested above.

(Parent/Guardian Signature) (Date)

FOR OFFICE USE ONLY

Date copy sent for verification: _____ Signature of CPS staff member _____

Please Send Records To:

- Charlotte High School 378 State Street Charlotte, MI 48813 FAX: 517-541-5625
- Charlotte Middle School 1068 Carlisle Hwy. Charlotte, MI 48813 FAX: 517-541-5705
- Charlotte Upper Elementary School 1068 Carlisle Hwy. Charlotte, MI 48813 FAX: 517-541-5775
- Parkview Elementary School 301 E. Kalamo Hwy. Charlotte, MI 48813 FAX: 517-541-5785
- Washington Elementary School 525 High Street Charlotte, MI 48813 FAX: 517-541-5175

*****PLEASE INCLUDE STATE ASSIGNED UIC # _____*****

CHARLOTTE PUBLIC SCHOOLS
LAB/CLASSROOM
COMPUTERS/EQUIPMENT/INTERNET USE POLICY

The goal of using computers, the Internet, and/or any type of equipment, is to locate information for educational purposes. Students using computers and/or the Internet will increase their technological skills, communication skills and information gathering skills as they work with data and other people. Students using computers/Internet agree to follow these guidelines:

K-4 STUDENT

- I will always follow my teacher's directions for using computers, equipment and the Internet.
- I will not use the Internet unless I have my teacher's permission.
- I will use computers and equipment with respect.
- I will follow the rules about using the Internet.
- I will ask for help when I need it.
- I will not give out my name, address or phone number on the Internet.
- I will tell my teacher if the computer or equipment isn't working.
- I will not copy or use someone else's files or software.

5-8 STUDENT

- I will always follow my teacher's directions for using computers, equipment and the Internet.
- I will not use the Internet unless I have my teacher's permission.
- I will use computers, equipment, and the Internet responsibly and respectfully.
- I will ask for help if I do not know how to use computers or equipment.
- I will not give out personal information on the Internet without my teacher's permission.
- I will follow the rules about using the Internet.
- I will tell my teacher if the computer or equipment is not working properly.
- I will not share my login, password or files with others.
- I will not copy or download files or software from the Internet or access someone else's files on school computers.
- I will make sure that the web sites I access and the language I use on the Internet is respectful, responsible, and educational.

9-12 STUDENT

- I will not use the Internet unless I have a CharlotteNet account and/or Instructor's permission.
- I will follow the Instructor's directions on the Internet and use it only for school purposes.
- I will not abuse any policies, procedures or computer hardware, software, and/or other technology equipment.
- I will not give out any personal information (*name, address, phone number*) about others or myself on the Internet without my Instructor's permission.
- I understand that the web sites I access and the language I use on the Internet must be respectful, responsible, and educational. If I have any doubts as to the appropriateness of a site, I will contact my Instructor **BEFORE** accessing that site.
- I will notify my Instructor immediately if a problem exists with hardware, software or Internet use.
- I will not copy, alter, install, download or give out files unless I get permission from my Instructor.
- I understand class accounts are to be used **ONLY** during that class period with permission from my Instructor *no other time is allowed unless special permission is granted and supervision is provided by the classroom teacher in charge.*

A full version of the District's Policy for Electronic Information Access and Use for Educational Purposes can be located at www.charlottenet.org/technology.htm

Charlotte Public Schools
Acceptable Use Policy
Electronic Information Access and Use for Educational Purposes
Member Responsibility Declaration

Charlotte Public Schools has developed an Electronic Information Access and Use for Educational Purposes Policy for using the internet, local and wide area networks, computers and related technical and audio visual equipment. Access and use of these technologies is a privilege for the User and must be used responsibly in the pursuit of educational endeavors.

I have read, understand, and will abide by the Electronic Information Access and Use Policy located at www.charlottenet.org/technology.htm and the Lab/Classroom-Computers/Equipment/Internet Use Policy, and the applicable sections of the Student Handbook. I agree to be responsible for and abide by all rules and regulations of these policies and handbook. I understand that should I commit any violation, my privileges may be revoked, school disciplinary action and/or appropriate legal action may be taken.

User's Signature: _____

Date: _____

(If you are a student of Charlotte Public Schools, a parent or guardian must also read and sign this agreement)

Charlotte Public Schools has taken precautions to prohibit access to inappropriate materials. However, I also recognize it is impossible for Charlotte Public Schools to restrict access to all inappropriate or copyrighted materials and I will not hold them responsible for materials acquired on the network.

I will instruct my child about any other access restrictions in addition to those set forth in District Policy. I will emphasize to my child the importance of following the District rules for personal safety.

Users are responsible for following instructions in the use and care of educational technology and should refrain from using any technology for which they have not received instructions.

Users may be required to make full financial restitution for any damages to educational technology or unauthorized expenses incurred through the use of educational technology.

I give permission for my child to use available technologies for educational endeavors.

As the parent or guardian of this student, I have read the Electronic Information Access and Use Policy located at www.charlottenet.org/technology.htm and the Lab/Classroom-Computers/Equipment/Internet Use Policy and the applicable sections of the Student Handbook. I understand that this access is designed for educational purposes.

Parent/Guardian Signature _____

Date: _____



PUBLIC SCHOOLS
Transportation

1101 Mikesell, Charlotte, MI 48813 PH: 517.543.3400 FAX: 517.543.8558

Dear Parents,

WELCOME! Charlotte Public Schools is pleased to have you as part of our school district. The Transportation Department is looking forward to being able to transport your child safely to and from school.

A transportation registration form must be completed for each student. Once their form is completed and received by the transportation department, it may take up to five (5) school days before your child can begin riding the school bus.

REGISTERING FOR BUS TRANSPORTATION

Each student will only have one pick-up location and one drop-off location within the school district - five days a week. This is for the safety of all students and for the purpose of eliminating any potential confusion where a child is to be picked-up and/or dropped-off. The single pick-up and drop-off locations can be different as long as they are both within your student's assigned school zone.

CHILD CARE

In efforts to assist with possible child care challenges, Charlotte Public Schools offers a child care that begins at 5:30am and ends at 6:30pm. Please call (517)541-5181 or access the district's website at www.charlottenet.org for rates and other information.

If you have any questions or concerns concerning transportation, please call us at (517)543-3400.

Sincerely,

The Transportation Department

CHARLOTTE PUBLIC SCHOOLS TRANSPORTATION REGISTRATION FORM

378 State St.
Charlotte, MI 48813
Phone (517) 543-3400 Fax (517) 543-8558

* ONE REGISTRATION FORM MUST BE COMPLETED FOR EACH STUDENT

<i>For Office Use Only:</i>	
Name of Person Contacted: _____	Start Date: _____
Contact Date: _____	
Initials of Transportation Employee: _____	

BUS STOP REGISTRATION:

Today's Date: _____
Student's Name: _____
Home Address: _____
Home Phone: _____
School: _____ Grade: _____

Single PICK-UP Location:
 Not Needed
 At Home or nearest designated bus stop
 At Daycare or nearest designated bus stop -
**For Daycare complete information below:

Provider's Name: _____
Address: _____
Phone: _____

Parents/Guardians Names: _____
Dad's Work Phone: _____
Dad's Cell Phone: _____
Mom's Work Phone: _____
Mom's Cell Phone: _____
Emergency Contact Name: _____

Single DROP-OFF Location:

Not Needed
 At Home or nearest designated bus stop
 At Daycare or nearest designated bus stop -
**For Daycare complete information below:

Provider's Name: _____
Address: _____
Phone: _____

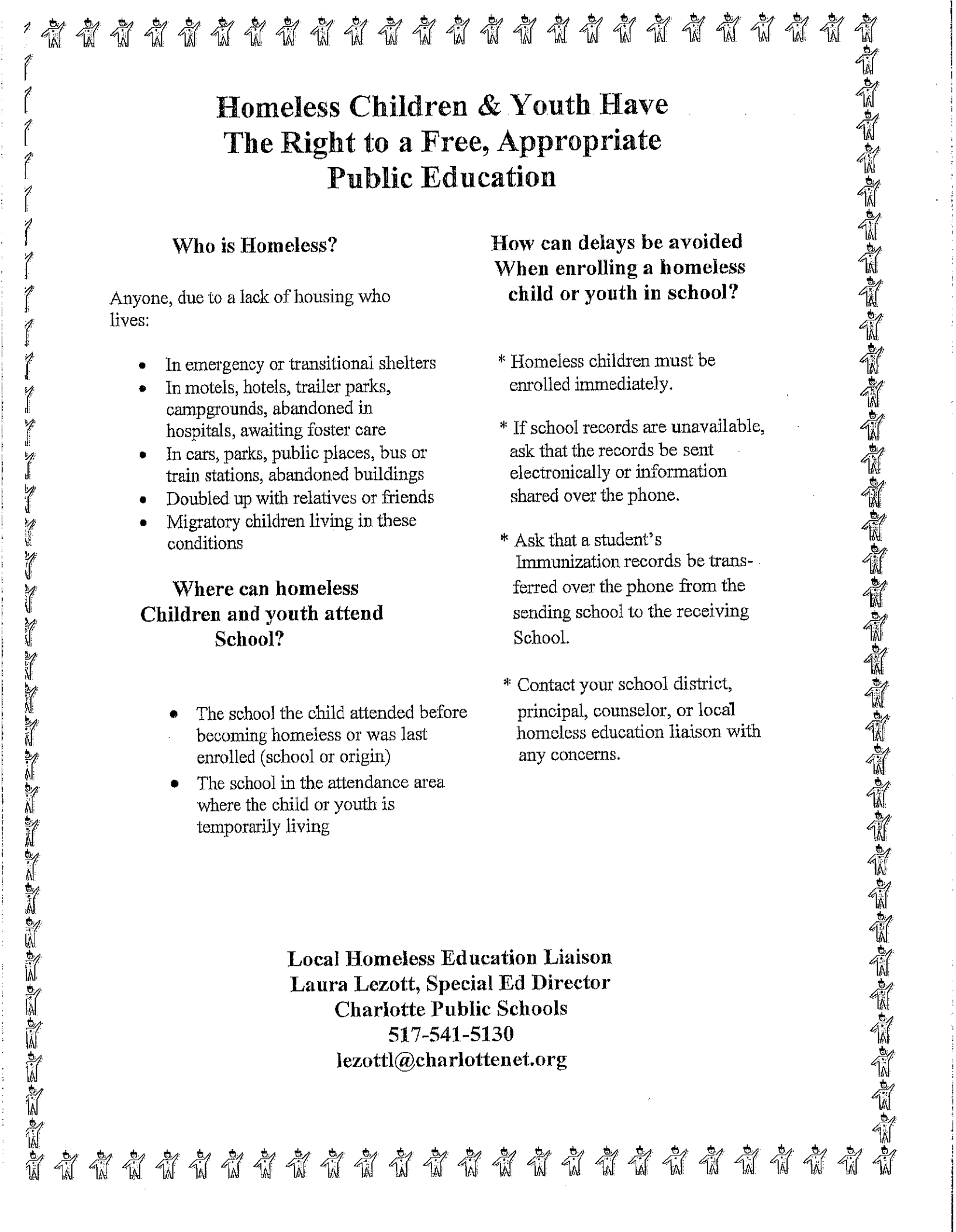
Relationship: _____
Phone: _____

Emergency Contact Name: _____
Relationship: _____
Phone: _____

*Date you would like this to begin _____
(Please understand that it may take up to 5 school days before transportation will begin.)

Medical Info / Other Concerns: _____

Parent Signature _____ Date _____



Homeless Children & Youth Have The Right to a Free, Appropriate Public Education

Who is Homeless?

Anyone, due to a lack of housing who lives:

- In emergency or transitional shelters
- In motels, hotels, trailer parks, campgrounds, abandoned in hospitals, awaiting foster care
- In cars, parks, public places, bus or train stations, abandoned buildings
- Doubled up with relatives or friends
- Migratory children living in these conditions

Where can homeless Children and youth attend School?

- The school the child attended before becoming homeless or was last enrolled (school or origin)
- The school in the attendance area where the child or youth is temporarily living

How can delays be avoided When enrolling a homeless child or youth in school?

- * Homeless children must be enrolled immediately.
- * If school records are unavailable, ask that the records be sent electronically or information shared over the phone.
- * Ask that a student's Immunization records be transferred over the phone from the sending school to the receiving School.
- * Contact your school district, principal, counselor, or local homeless education liaison with any concerns.

**Local Homeless Education Liaison
Laura Lezott, Special Ed Director
Charlotte Public Schools
517-541-5130
lezottl@charlottenet.org**



IF YOUR FAMILY IS IN A "HOMELESS" SITUATION PLEASE COMPLETE THIS FORM

This form is intended to address the requirements of the McKinney-Vento Act (Title X, Part C of the No Child Left Behind Act). The question below is to assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Act. In the event that the child is not staying with his/her parent(s) or guardian(s), use the caregiver authorization form to address guardianship issues.

Where does the student stay at night?

- _____ in a shelter
- _____ in another location that is not appropriate for people (e.g., an abandoned building)
- _____ in a motel/hotel
- _____ temporarily with more than one family in a house, mobile home, or apartment (because the family does not have a place of its own)
- _____ in a car
- _____ other (in an arrangement that is not fixed, regular, and adequate and is not described by the other choices)
- _____ at a campsite

I, (name) _____
declare as follows:

I am the parent/legal guardian of (name of student) _____
who is of school age and is seeking enrollment in Charlotte Public School District.

Since (date) _____ our family has not had a permanent residence.

Under penalty of perjury under the laws of this state, I declare that the information provided here is true and correct and of my own personal knowledge and that, if called upon to testify, I would be competent to do so.

Name of person completing the form: _____

Signature: _____ Date: _____

Address: _____

Phone number: _____ E-mail address: _____

I can be reached for emergencies at: _____

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **Charlotte Public Schools** offers healthy meals every school day. Breakfast cost **district wide** is **\$1.50**. Lunch cost is **\$2.40 for Elementary, \$2.75 at CUE/MS, \$2.80 - \$3.30 at Charlotte High School**. **Your children may qualify for free meals or for reduced price meals**. Reduced price is **\$.30** for breakfast and **\$.40** for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. Who can get FREE OR REDUCED PRICE meals?

- All children in households receiving benefits from **Food Assistance Program (FAP), Food Distribution Program on Indian Reservations (FDPIR)] or Family Independence Program (FIP)**, are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART for School Year 2016-2017

Household size	Yearly	Monthly	Weekly
1	\$21,978	\$1,832	\$423
2	\$29,637	\$2,470	\$570
3	\$37,296	\$3,108	\$718
4	\$44,955	\$3,747	\$865
5	\$52,614	\$4,385	\$1,012
6	\$60,273	\$5,023	\$1,160
7	\$67,931	\$5,663	\$1,307
8	\$75,647	\$6,304	\$1,455
Each additional person:	\$7,696	\$642	\$148

2. **HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?** Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail **Laura Lezotte @ 541-5131, homeless liaison/migrant coordinator**.
3. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **Charlotte Public Schools, Attn: Food Service Dept., 378 State St., Charlotte, MI 48813**.
4. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS?** No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **Brian Latty or Denise Kendra, 517-541-5140, lattyb@charlottenet.org or kendrad@charlottenet.org** immediately.

5. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE?** Yes. Your child's application is only good for that school year and for the first few days of this school year, through **Sept 30, 2016**. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
6. **I GET WIC. CAN MY CHILDREN GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
7. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes. We may also ask you to send written proof of the household income you report.
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: **Michelle Sine, 378 State St, Charlotte, 517-541-5100, sinem@charlottenet.org.**
10. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
11. **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.
12. **WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT?** Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
13. **WE ARE IN THE MILITARY, DO WE REPORT OUR INCOME DIFFERENTLY?** Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
14. **WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY?** List any additional household members on a separate piece of paper, and attach it to your application.
15. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for **Food Assistance Program (FAP)** or other assistance benefits, contact your local assistance office or call **1-855-275-6424**.

If you have other questions or need help, call **517-541-5140**.

Sincerely,

Brian Latty, CPS Food Service, Supervisor

2016-2017 Application for Free and Reduced Price School Meals

Complete one application per household. Please use a PEN (not a pencil).

Approval Date: _____
 Approved for: F R D

STEP 1

List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."	Child's First Name	MI	Child's Last Name	Student? Yes No	School Name:	Homelss		
						Foster Child	Migrant	Runaway
Children in Foster care and children who meet the definition of Homelss. Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.				<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

STEP 2

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or EDPIR? Circle one: Yes / No

If you answered **NO** → Go to Step 3 and complete. If you answered **YES** → Write a case number here then go to **STEP 4 (Do not complete STEP 3)**

Case Number: _____ Write only one case number in this space.

STEP 3

Report Income for ALL Household Members (Skip this step if you answered "Yes" to STEP 2)

Please read How to Apply for Free and Reduced Price School Meals for more information. The Sources of Income for Children section will help you with the Child Income question. The Sources of Income for Adults section will help you with the All Adult Household Members section.

A. Child Income
 Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

Child Income	How often?		
	Weekly	Bi-Weekly	2x Month
\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. All Adult Household Members (including yourself)
 List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?			Public Assistance/Child Support/Alimony	Pensions/Retirement/All Other Income	How often?						
		Weekly	Bi-Weekly	2x Month			Monthly	Weekly	Bi-Weekly	2x Month			
	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Household Members (Children and Adults) _____

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: _____

Check if no SSN

STEP 4

Contact information and adult signature

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.

Street Address (if available) _____ Apt. # _____

City _____ State _____ Zip _____

Daytime Phone and Email (optional) _____

Printed name of adult completing the form _____ Today's date _____

Signature of adult completing the form _____

OPTIONAL Children's Racial and Ethnic 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

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 FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. 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.

Verification For School Use Only

Date Selected for Verification:

Confirming Officials Signature:

Response Due from Household:

Date Follow-up/Second Notice:

Follow-up Official's Signature:

Verification Official's Signature:

Date of Adverse Notice Sent:

FAP/FIP/FDPIR/Foster Eligibility	Income		Verification Results		Reason for Eligibility Change
	Not confirmed	\$	Free to Reduced	Free to Paid	
Confirmed:					
		Weekly		Free to Paid	Household Size
	Department of Human Services	Every 2 weeks		Reduced to Free	Refused to Cooperate
	Notice of Eligibility	Twice a month		Reduced to Paid	Other _____
		Monthly		No Change	
		Annual			

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USDA is an equal opportunity provider and employer.

Determining Official's Signature: _____ Date: _____ Date Dropped/Withdrawn: _____