# LINCOLN R-2 SCHOOL EMERGENCY SHEET

If any of the information changes, please notify the school immediately.

Student's Name_____Birthdate_____Grade_____

Mailing Address:_____City:_____State:_____Zip:_____

Physical Address:_____

Phone No._____Student's Cell No._____

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Father/Guardian's Name:_____Father's Cell_____

Father's Mailing Address:_____

Father's E-mail:_____

Father/Guardian's Employer & Phone Number:_____

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Mother/Guardian's Name:_____Mother's Cell_____

Mother/Guardian's Address:_____

Mother's E-mail:_____

Mother/Guardian's Employer & Phone Number:_____

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Please list anyone that can be contacted in case of an emergency.

1._____Relationship_____Phone No._____

2._____Relationship_____Phone No._____

3._____Relationship_____Phone No._____

---

Parent Signature Date

# Medical Information Sheet

Family Physician_____Dentist_____

For hospital emergency room care, please send my child to _____ Hospital. In the event that the parent/guardian of the above named student cannot be contacted, I hereby accept the emergency services and medical attention necessary for the welfare and safety of the student. I do hereby release Lincoln R-II School from all liability and costs associated with such treatment and give my confirmation by signing below.

_____ _____
Parent/guardian Signature Date

For the safety and well being of your child, the medical information will be released to all school personnel working directly with your child.

Allergy to Medication: Yes No If yes, Please list:_____
Allergy to Food: Yes No If yes, please list:_____
Allergy to other, please list:_____
Emergency procedure needed:_____

Please check any diagnosed health concerns:

| | | |
|---|---|---|
| _____Vision | _____Heart | _____Seasonal Allergies |
| _____Glasses | _____High Blood Pressure | _____Eczema |
| _____Contacts | _____Migraines | _____Seizure Activity |
| _____Hearing | _____Urinary Problems | _____Asthma |
| _____Hearing Aids | _____Degenerative Disease(arthritis, MS, MD, etc) | |
| _____Ear Infections | _____Attention Deficit (ADD) | _____ADHD |
| _____Diabetes | _____Speech | |

_____Other, Please List_____

Do the above health concerns require special attention at school?

_____

What medication(s) is your student on?

_____

_____

_____

_____

In case of illness, please check below "Yes" or "No" if the school may administer over-the-counter medication to your child.

| | | |
|---|---|---|
| Non-aspirin pain reliever (Tylenol) | _____Yes | _____No |
| Cough drops or throat lozenges | _____Yes | _____No |
| Tums | _____Yes | _____No |
| Benadryl | _____Yes | _____No |
| Ibuprofen | _____Yes | _____No |

_____ _____
Parent/Guardian Signature Date

# LINCOLN R-II SCHOOL DISTRICT
# STUDENT ENROLLMENT SHEET

**DATE OF ENROLLMENT:**_____

**STUDENT**

Name (as it appears on birth certificate) _____ Sex: _____

Grade:_____ Date of Birth:_____ SSN:_____

Race/Ethnicity (Please check one):

- ☐ White
- ☐ Black
- ☐ Hispanic
- ☐ Asian
- ☐ Native American
- ☐ Other:_____

Please check one below whether this student resides in the house of a person (family) who is on active duty or serving in the reserve component of a branch of the United States Armed Forces. This also includes the student living with family due to parents being deployed.

- ☐ NM - Not Military Connected
- ☐ AD - Active Duty
- ☐ NGR - National Guard or Reserve
- ☐ UNK - Unknown

**PERSONAL (List the person(s) who is responsible for the student)**

Parent/Guardian Name(s)_____ Relationship:_____

Mailing Address:_____ City/State_____

Physical Address (if different from mailing address) _____

Telephone Number: _____ Cell Numbers:_____
(Note - Make sure Student Emergency sheet is filled out for emergency numbers)

**BIOLOGICAL OR ADOPTIVE FATHER**

Name:_____ Date of Birth_____

Occupation (where employed and phone number) _____

## BIOLOGICAL OR ADOPTIVE MOTHER

Name: _____ Date of Birth_____

Occupation (Where employed and phone number) _____

## IF LIVING WITH SOMEONE OTHER THAN PARENTS, COMPLETE THIS SECTION

Name:_____ Relationship_____

Check all that apply:

- ☐ Foster
- ☐ Homeless
- ☐ Restoring Hope
- ☐ Other_____

## PREVIOUS SCHOOL INFORMATION

Last School Attended:_____ Date Dropped _____

Address:_____ Phone Number_____

## ACADEMIC HISTORY

Does this student have health problems or physical limitations? Yes_____ No_____. If yes please Describe:_____

Has this student been enrolled in (check all that apply):

- ☐ Special Education
- ☐ Speech
- ☐ Title 1 Reading
- ☐ Title 1 Math

Has this student ever been retained? Yes_____ No_____ What Grade(s)_____
Is this student under disciplinary suspension, probation or expulsion from a previous school? Yes_____No____
If yes, please explain:_____

Number of Children Residing in Home: _____
Name: _____ Year of Birth:_____ Relationship to Student:_____
Name:_____ Year of Birth:_____Relationship to Student:_____
Name:_____ Year of Birth:_____ Relationship to Student:_____
Name: _____ Year of Birth:_____ Relationship to Student:_____
Name:_____ Year of Birth:_____ Relationship to Student:_____

## McKinney Vento Homeless Questionnaire

***Please answer the following questions:***

1. Are you sharing the housing of other persons due to a loss of housing, economic hardship, or a similar reason?

☐ Yes
☐ NO

If yes, please explain:_____

_____

2. Are you currently residing in a motel, hotel, trailer parks, or camping grounds due to the lack of alternative adequate accommodations?

☐ Yes
☐ No

3. Are you currently residing in an emergency or transitional shelter?

☐ Yes
☐ No

4. Has the student been abandoned in a hospital?

☐ Yes
☐ No

5. Is your primary nighttime residence a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings?

☐ Yes
☐ No

6. Are you currently living in a car, park, public space, abandoned buildings, substandard housing, bus or train station or similar setting?

☐ Yes
☐ No

**STUDENTS** **FORM 2230**

**Admission and Withdrawal**

**Residency Enrollment Checklist**

# RESIDENCY ENROLLMENT CHECKLIST

Name of Parent/Guardian:_____

Address:_____

City/State:_____Zip_____

Telephone Number:Home_____Work:_____

Name of Student:_____

Address:_____

City/State:_____Zip_____

Telephone Number: Home_____Work_____

**Address Verification** ( Parent/Legal Guardian) (Attach copy of document)

- ☐ Rental Contract
- ☐ Real Estate Contract signed by all parties
- ☐ Utility Bill/Deposit Receipt
- ☐ Other, such as payroll check, driver's license, W-4, employment documents

**BASIS FOR ADMISSION OF STUDENT** (Section 167.020 RSMo)

- ☐ Resides with parent in the School District
- ☐ Resides with legal guardian in the School District (Copy of court ordered guardianship must be attached. A guardian may be appointed for the sole and specific purpose of school registration.
- ☐ Resides with other family members or resides within a military support community as a resident if one or both parents are stationed or deployed outside of Missouri.
- ☐ Resides with a military guardian in the School district.

☐ Homeless child (person less than 21 years of age who lacks a fixed, regular and adequate nighttime residence), including a child who is:

- ☐ Are you sharing the housing of other persons due to a loss of housing, economic hardship, or a similar reason? Explain if it is a "similar reason"_____
  _____
  _____
- ☐ Are you currently residing at a motel, hotel, car or at a campsite because your home has been damaged or because of economic reasons?
- ☐ Are you currently living in a shelter?
- ☐ Are you currently living in a temporary housing arrangement due to economic hardship?

Give address or directions_____

☐ Special Circumstances (section 167.151, RSMo)

- ☐ An orphan
- ☐ One parent living
- ☐ Parents do not contribute to the student's support
- ☐ Agriculture (all four of the following conditions must be met: owns real estate of which 80 acres or more are used for agricultural purposes, parent's residence is one the real estate, at least 35% of the real estate is in the District, parent notified District on or before June 30 that student would be attending)

☐ Parent is a teacher under contract with the District (Board policy required -Section 163.011, RSMo)

☐ Parent is a regular employee with the District (Board policy required-Section 163.011, RSMo)

**Other exemptions to the residency requirements** (Section 167.020.6, RSMo)

☐ Attending school not in the Pupil's district of residence as a participant in an interdistrict transfer program established under a court-ordered desegregation program.

☐ A ward of the state and has been placed in a residential care facility by the state officials

☐ Has been placed in a residential care facility due to a mental illness or developmental disability

☐ Has been placed in a residential facility by a juvenile court

☐ Has a disability identified under state eligibility criteria if the student is in the District for reason other than accessing the District's educational program

☐ Has transferred from an unaccredited school.

*The district of residence will be billed for the local tax effort for the student(s) attending under these circumstances.

**Date of Student Admission**_____

☐ Student denied admission. Date of Denial:_____
☐ Waiver requested. Date of request:_____

**WAIVER INFORMATION**

Waiver requested by:

☐ Parent
☐ Legal guardian
☐ Student (at least 18 years old)
☐ Other (complete information below)

Name of person/relative student resides with_____

Relationship_____

Address_____

City/State_____ Zip_____

Address Verification_____

Reason why student is living with person/relative_____
_____

Other reasons showing hardship or good cause_____
_____

**Hearing Date** (must be within 45 days of request)_____

☐ Student admitted pending decision on waiver request
**Date Student admitted**_____

☐ Waiver granted. Date_____
☐ Waiver denied. Date_____

**Students attending school pursuant to the above information may be counted for state aid purposes.**

**Nonresident students who may enroll and are not counted by the District for state aid:**

- ☐ Tuition
- ☐ Tax credit tuition - Any person who pays a school tax in any other district than that in which he resides may send his children to any public school in the district in which the tax is paid and receive as a credit on the amount charged for tuition the amount of the school tax paid to the district (section 167.151(3), RSMo)
- ☐ Transportation hardship as assigned by the Commissioner of Education (Section 167.121, RSMo)
- ☐ Attending a regional or cooperative alternative education program or an alternative education program on a contractual basis (Section 167.020.6, RSMo)

*****



Source: Department of Elementary and Secondary Education, Division of School Services

# STUDENT RESPONSIBILITIES

1. Comply with the behavior code of the school and with all school policies and regulations that is described in the student handbook.
2. Attend school and classes regularly and punctually
3. Comply with the authority of school personnel.
4. Avoid using profane and vulgar language.
5. Dress appropriately
6. Accept responsibility for unacceptable behavior.
7. Conduct oneself in school in a manner which does not interfere or disrupt the rights of other students.
8. Prepare school assignments and meet course deadlines.
9. Show respect for public and private property.
10. Take advantage of the academic opportunities offered at school.
11. Be self-controlled, reasonably quiet, and non-disruptive both in and out of the classroom, to and from school and to all school activities.
12. Come to class with all necessary books and materials.

I UNDERSTAND MY RESPONSIBILITIES AS A STUDENT AND AGREE TO LIVE UP TO THESE RESPONSIBILITIES TO THE BEST OF MY ABILITY.

_____ _____

Student Signature Parent Signature

# New Student Transportation Form

Bus Driver:_____

Date of Enrollment:_____

Start Riding Bus Date:_____ A.M. P.M.

Student Name:_____ Grade:_____

Parent Name:_____

Phone Number:_____

911 Address:_____

_____

Directions to home: (Landmarks, neighbors, etc.)

_____

_____

## Lincoln R-2 Student Handbook Technology Acceptable Use Policy

The Lincoln R-2 School district provides technology to our students as one of many tools to promote and encourage learning. The chnology available to students has been set up for, and its use is limited to, activities connected with their education at Lincoln R-2 nool. The guidelines included in the agreement are not all inclusive, but are based on Lincoln R-2 School Board Policy 6320 (Regulation 6320). The administration of Lincoln R-2 School may remove the privileges for technology use at any time for abusive conduct. Further disciplinary action may be taken and, if appropriate, referral to law enforcement officials will occur.

1. Students have no right to personal privacy on school district computers or through programs and resources provided by the district. All files are subject to open monitoring and review by District and school personnel.
2. Students are not permitted to obtain, download, view or otherwise access materials which may be deemed unlawful, abusive, obscene, pornographic, descriptive, of destructive devices, or otherwise objectionable.
3. Students may not reveal their names, personal addresses, telephone numbers or the names, addresses, or telephone numbers of students, employees, or other individuals through electronic means.
4. Technology services and features are intended for educational use, defined as those activities directly related to current class assignments. Any commercial use (offering, providing, purchasing of, or subscribing to products or services) is expressly forbidden.
5. Students are not to access a login and/or password other than the one assigned to them by the district. Providing your password or attempting to acquire the password of another user is expressly forbidden. Any problems that occur from the users sharing his/her account/password are the responsibility of the account holder.
6. Web surfing is expressly forbidden.
7. Non-educational games are expressly forbidden.
8. Student files should be saved to the folder provided on the network. No files should be saved to the local machine. Any electronic storage devices used on district machines must be virus scanned by a staff member prior to each use with district equipment.
9. E-mail services and access to e-mail accounts are restricted to those email accounts provided to students by the district, and are limited in use to those activities directly related to the completion of class assignments and course activities.
10. Adding, removing, or changing computer programs and settings must be cleared with the Technology Coordinator. (This includes desktop designs, the location of icons, and monitor settings.)
11. Students are not to use technology without proper staff supervision.
12. Student technology users are expected to be polite and non-abusive. Using inappropriate language, insulting, harassing, or threatening will not be tolerated.
13. Student users may not use the district's resources in such a manner that would damage, disrupt, or prohibit the use of the network by other users. Use of district resources for unlawful purposes will not be tolerated and is prohibited.
14. While the district provides access to electronic resources, it makes no warranties, for these services.
15. In compliance with the applicable provisions of the Children's Internet Protection Act (CIPA- the District shall use filtering, blocking or other technology to protect students from accessing Internet sites that contain visual depictions that are obscene, pornographic, or harmful to minors.
16. Rules for technology use may be reviewed and modified from time to time by the administration of the Lincoln R-2 School District. Students are subject to these modified rules and regulations. Consequences for misuse of technology will be found in the discipline policy of the Lincoln R-2 School District.
17. We have read and understand the student expectations and reviewed the Student Handbook.

PRINT-Student Name _____ Student Signature _____

Date _____ Grade in School _____ Parent Signature _____

Parent Email Address _____

# HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in Lincoln R-2 School District. The application must be filled out completely to determine the eligibility your child(ren) for free or reduced price school meals. *Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please* contact Michelle Smith, Administrative Assistant, 660-547-3514

**PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.**

## STEP 1: LIST ALL CHILDREN, INFANTS, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants/toddlers, children not in school, and elementary/middle/high school students live in your household. They do NOT have to be related to you to be a part of your household.

**Who should I list here?** When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a formal foster arrangement through a court or state/local agency, or qualify as homeless, migrant, or runaway youth;
- Students attending Lincoln R-2 Elementary or High School, regardless of age.

| A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper (or a second application if completing electronically) with all required information for the additional children. This also applies to adults in Step 3. "MI" is short for middle initial. Print the first letter of each child's middle name in the box. | B) Building name/Grade. If child is a student, list building name and grade. | C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3. Note: Adopted children are not considered foster children. A foster child is a minor child who has been taken into state custody and placed with a state-licensed adult, who cares for the child in place of their parent or guardian. | D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application. Homeless, Migrant, Runaway status must be confirmed with the appropriate program staff. If the school district cannot confirm your student's homeless, migrant, or runaway status, then the school district will contact you to complete and income-based application. You may choose to provide income information now in order to prevent the school district from potentially needing to contact you later. |
|---|---|---|---|

## STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?

**If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:**

- The Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- The Food Distribution Program on Indian Reservations (FDPIR)

| If no one in your household participates in any of the above listed programs: | If anyone in your household participates in any of the above listed programs: |
|---|---|
| • Check "No" in STEP 2 and go to STEP 3. | • Write a case number for SNAP, TANF or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: State number 1-855-373-4636. Benton County Family Services Division 660-438-7357.<br>• Go to STEP 4. |

## STEP 3: LIST ALL HOUSEHOLD MEMBERS AND INCOME FOR EACH MEMBER

**How do I report my income?**

- Use the litsts titled "Sources of Income for Adults" & "Sources of Income for Children," printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
  - Gross income is the total income received **before** taxes and deductions.
  - Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.

Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.

- Mark how often each type of income is received using the check boxes to the right of each field.

## 3A: REPORT INCOME EARNED BY ADULTS

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- *Do NOT include:*
  - People who live with you but are not supported by your household's income AND do not contribute income to your household.
  - Infants, Children and students already listed in STEP 1.

| | | |
|---|---|---|
| **1) List adult household members' names.** Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Include college students, unless they are declared independently on taxes (all college students are considered adults). Do not list any household members you listed in STEP 1. | **2) List earnings from work.** List all total gross income from work in the "Earnings from Work" field on the application. total gross income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.<br>***What if I am self-employed?*** Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue. | **3) List income from public assistance/child support/alimony.** List all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part. |
| **4) List income from pensions/retirement/all other income.** List all income that applies in the "Pensions/Retirement/ All Other Income" field on the application. | **5) List total household size.** Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members as the size of your household affects your eligibility for free and reduced price meals. | **6) Provide the last four digits of your Social Security Number.** An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no Social Security Number." |

## 3.B: LIST INCOME EARNED BY CHILDREN

**List all income earned or received by children.** List the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

- *What is Child Income?* Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

## STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

***All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the statements on the back of the application.***

| | | |
|---|---|---|
| **Provide your contact information.** Write your current mailing address in the fields provided if this information is available. If you have no permanent address, that is okay. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you. | **Print and sign your name and write today's date.** Print the name of the adult signing the application and that person signs in the box "Signature of adult." | **Mail Completed Application to:** Lincoln R2, PO BOX 39, Lincoln, MO 65338 |

## OPTIONAL

**Share children's racial and ethnic identities (optional).** On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals. This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws, and your response will not affect consideration of your application, and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.

**Please return the application directly to your child's SCHOOL. DO NOT mail, fax, or email completed applications or questions about applications to the USDA Office of the Assistant Secretary for Civil Rights or your child's eligibility for free or reduced-price meals will be delayed.**

*This institution is an equal opportunity provider.*

Attachment E

# 2024-25 Application for Free and Reduced Price School Meals

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

RETURN TO Lincoln R-2 School District
PO BOX 39, Lincoln, MO 65338

Date Received by LEA (LEA use only): _____

**STEP 1** List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

*List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.*

| Child's First Name | MI | Child's Last Name | Building Name | Grade | Check all that apply: Foster Child | Homeless, Migrant, Runaway |
|---|---|---|---|---|---|---|
| | | | | | ☐ | ☐ |
| | | | | | ☐ | ☐ |
| | | | | | ☐ | ☐ |
| | | | | | ☐ | ☐ |
| | | | | | ☐ | ☐ |

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

**STEP 2** Do any household members (including you) participate in: SNAP, TANF, or FDPIR?

○ NO → Go to STEP 3. ○ YES → Write case number here and proceed to STEP 4. CASE NUMBER (NOT EBT NUMBER): _____ Write only one case number in this space.

**STEP 3** List ALL household members and income for each member (before taxes and deductions)

**A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)**

List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) 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 not income to report.

| Name of Adult Household Members (First and Last) | Earnings from Work | How often received? Weekly | Every 2 Weeks | 2x Month | Monthly | Annual | Public Assistance, Child Support, Alimony | How often received? Weekly | Every 2 Weeks | 2x Month | Monthly | Pensions, Retirement, Social Security, SSI, VA Benefits, All Other Income | How often received? Weekly | Every 2 Weeks | 2x Month | Monthly |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | $ | ○ | ○ | ○ | ○ | ○ | $ | ○ | ○ | ○ | ○ | $ | ○ | ○ | ○ | ○ |
| | $ | ○ | ○ | ○ | ○ | ○ | $ | ○ | ○ | ○ | ○ | $ | ○ | ○ | ○ | ○ |
| | $ | ○ | ○ | ○ | ○ | ○ | $ | ○ | ○ | ○ | ○ | $ | ○ | ○ | ○ | ○ |

Total Household Members (Children and Adults): ☐☐

Last four numbers of Social Security Number (SSN) of primary wage earner or other adult household member (If Applicable): X X X X X ☐☐☐☐ Check if no Social Security Number ☐

Please see back of application for list of income sources.

**B. Child Income**

Sometimes children in the household earn or receive income.
Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Child income: $ ☐☐☐☐☐

How often received? ○ Weekly ○ Every 2 Weeks ○ 2x Month ○ Monthly ○ Annual

**STEP 4** Contact information and adult signature. RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL: Lincoln R-2 School, PO Box 39, 101 W Lamine St, Lincoln, MO 65338

"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 (confirm) 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."

Print Name of Adult Signing the Form _____ Signature of Adult _____ Today's Date _____

Mailing Address (if Available) _____ City _____ State _____ Zip _____ Daytime Phone and Email (optional) _____

**DO NOT FILL OUT THIS SECTION. THIS IS FOR SCHOOL USE ONLY.**

ANNUAL INCOME CONVERSION: WEEKLY X 52, EVERY 2 WEEKS X 26, TWICE A MONTH X 24, MONTHLY X 12 (USE ONLY IF MULTIPLE FREQUENCY)

☐Food Stamps/Temporary Assistance Household size: _____ Total income: _____ Per: ☐Week ☐Every 2 Weeks ☐Twice a Month ☐Month ☐Year

Eligibility: ☐Free ☐Reduced ☐Denied Reason: _____

Error Prone Application: ☐Yes ☐No *(Optional – See FAQs)* Determining Official's Signature: _____ Date withdrawn: _____

Confirming Official's [illegible] Date Approved/Denied: _____

**SOURCES AND EXAMPLES OF INCOME:** For additional information on income, please refer to the instructions that accompany this application.

| Sources of Income | | | Examples of Income for Children |
|---|---|---|---|
| Earning from Work | Public Assistance/Alimony/Child Support | Pensions/Retirement/ All other sources of income | |
| • Salary, wages, cash bonuses, tips, commissions<br>• Net income from self-employment (farm or business)<br>If you are in the U.S. Military:<br>• Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)<br>• Allowances for off-base housing, food, and clothing | • Unemployment benefits<br>• Workers' compensation<br>• Supplemental Security Income (SSI)<br>• Cash assistance from State or local government<br>• Alimony payments<br>• Child support payments<br>• Veterans' benefits<br>• Strike benefits | • Social Security/Disability (including railroad retirement and black lung benefits)<br>• Private pensions or disability benefits<br>• Income from trusts or estates<br>• Annuities<br>• Investment income<br>• Earned interest<br>• Rental income<br>• Regular cash payments from outside household | • A child has a regular full or part-time job where they earn a salary or wages<br>• A child is blind or disabled and receives Social Security benefits<br>• A parent is disabled, retired, or deceased, and their child receives Social Security benefits<br>• A child has a regular full or part-time job where they earn a salary or wages<br>• A child has a regular full or part-time job where they earn a salary or wages |

**OPTIONAL** Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

**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 (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

**Return this completed form to your child's school. *Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.**

## Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number'. Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number.

Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

## Return completed form to your child's school.

**The contact information below is solely to file a complaint of discrimination**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

**To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:**

*MAIL: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (833) 256-1665 or (202) 690-7442; or
EMAIL: Program.Intake@usda.gov

*** Do not mail applications to this address, only complaints of discrimination.**

This institution is an equal opportunity provider.

# REQUEST FOR INFORMATION

**(Complete one form per family)**

Please answer the question below by checking the appropriate box. The following information is a request adopted by the General Assembly in 2010 requiring school districts to determine whether or not all children in a family have health insurance.

Does each child in your family have healthcare insurance?

☐ YES

☐ NO

**MO HealthNet (Medicaid) is considered healthcare insurance.**

If NO is checked the school district will provide the Does Your Child Need Healthcare Coverage form for the family.

Completion of this form is not a condition of determining meal eligibility. The Free and Reduced Price Meals Family Application will be reviewed regardless of your response to this Request for Information.

Submit this request with your Free and Reduced Price School Meals Family Application or return to your school/school district.

Printed name of parent/guardian: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

# For Students Interested in Sports

Lincoln Junior High and High School
Transfer Student Information

Parent/Guardian Name:_____

_____

Students Name: _____

Grade (Circle) 9 10 11 12

Address: _____

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

Student's Date of Birth: _____

Date Enrolled: _____

Sports Played at Previous School: _____

Level (Circle) JV V

School Last Attended:_____

Address:_____

Date Enrolled: _____ Date of Withdrawal:_____
Is change in school also a change in residence? Yes No
If so, previous address:_____
Is this a full family change of residence? Yes No
If no, who were you living with prior to the transfer? _____
Date of Student's change of residence: _____