June 2021 Page 1

2021-22 Application for Free and Reduced-price School Meals or Free Milk

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

	ST	E	Ρ	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.)

Member : "Anyone who is
living with you and shares
income and expenses,
even if not related."
Children in Foster care
and children who meet the
definition of Homeless or
Runaway are eligible for
free meals. Read How to
Apply for Free and

Reduced-price School Meals for more information.

Definition of Household

Child's First Name	MI	Child's Last Name	School	Grade	Stud Yes	ent? No		Foster	Head Start	Homeless or Runaway
							<u>></u>			
							ıt app			
							all tha			
							heck			
							ō			

STEP 2

Do any household members (including you) currently participate in one or more of the following Assistance Programs – SNAP or TFA? (This does NOT include medical (HUSKY) benefits).

If NO. > Go to STEP 3

If YES, a household member does participate in SNAP or TFA, write a SNAP OR TFA case number here and then go to STEP 4 (Do not complete STEP 3.) To quicken the approval process, it is strongly recommended that you submit proof of SNAP or TFA eligibility with this application. See instructions.

Case Number:

How often?

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)

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart 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 Child Household Members listed in STEP 1 here.

Child income Weekly Bi-Weekly 2x Month Monthly Annual

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. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members			How often?	Public Assistance/	How often?	Pensions/Retirement/	How often?
(First & Last Name)	Earnings fro	m Work	Weekly Bi-Weekly 2x Month Monthly Annual	Child Support/Alimony	Weekly Bi-Weekly 2x Month Monthly Annual	All Other Income	Weekly Bi-Weekly 2x Month Monthly Annual
	\$		<u> </u>		<u> </u>		00000
	\$		<u> </u>		<u> </u>		00000
	\$		<u> </u>		0000\$		00000
	\$		S		<u> </u>		00000
	\$		\$		<u> </u>		00000
Total Household Members (Children and Adults –			t Four Digits of Social Security Number		x x x x	Check if no SSN	П

Step 1 & Step 3)

Primary Wage Earner or Other Adult Household Member

	X	Х	X	X	X						Check if
--	---	---	---	---	---	--	--	--	--	--	----------

STEP 4 Contact Information and Adult Signature. Mail completed form to Oxford Public Schools 462 Oxford Road Oxford CT 06478

"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 signing the form		Signature of adult			Today's date

Date Notice Sent:

Sources of Income for Children

2021-22 Application for Free and Reduced-price School Meals or Free Milk

Sources of Income for Adults

Date:

Causas of Child				
Sources of Child Income	Examples	Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/ All Other Income
Earnings from work	A child has a regular or part-time job where they earn a salary or wages	Gross income for salary, wages, cash bonuses	Unemployment benefits Worker's compensation	Social Security (including railroad retirement and black lung benefits)
Social Security Disability	A child is blind or disabled and receives Social Security benefits	 Net income from self-employment (farm or business) 	Supplemental Security Income (SSI)	 Private pensions or disability Regular Income from trusts or
Payments • Survivor's Benefits	A parent is disabled, retired, or deceased, and their child receives social security benefits	If you are in the U.S. Military:	Cash assistance from state or local government Alimony payments	estates • Annuities • Investment income
Income from persons outside the household	A friend or extended family member regularly gives a child spending money	 Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) 	Child support paymentsVeteran's benefitsStrike benefits	Earned InterestRental incomeRegular cash payments from
Income from any other source	A child receives income from a private pension fund, annuity, or trust	Allowances for off-base housing, food and clothing		outside household
OPTIONAL	Children's Racial and Ethnic Identities			
_				
	sk for information about your children's race and ethn ection is optional and does not affect your children's ϵ			serving our community.
thnicity (check one	e): Hispanic or Latino Not Hispanic or	Latino		
,	•	Asian Black or African Americ		
the Richard B. Russell N have to give the information our must include the last four opplication. The last four digitater child or you list a Suramilies (TANF) Program of DPIR identifier for your ches not have a social secret or reduced-price mealty share your eligibility ind, or determine benefits accordance with Federal and policies, the USDA, its SDA programs are prohib	lational School Lunch Act requires the information on this application, but if you do not, we cannot approve your child for free or reduced your digits of the social security number of the adult household member whigh the social security number is not required when you apply on ipplemental Nutrition Assistance Program (SNAP), Temporary Assists or Food Distribution Program on Indian Reservations (FDPIR) case in hild or when you indicate that the adult household member signing the curity number. We will use your information to determine if your child is and for administration and enforcement of the lunch and breakfast information with education, health, and nutrition programs to help their for their programs, auditors for program reviews, and law enforcements of program rules. I civil rights law and U.S. Department of Agriculture (USDA) civil rights adjuncted from discriminating based on race, color, national origin, sex, discript civil rights activity in any program or activity conducted or funded	Persons with disabilities we large print, audiotape, Am applied for benefits. Individended in languages other through the Federal Release application is eligible for programs. We mevaluate, ent officials to regulations administering ability, age, or by USDA. Persons with disabilities we large print, audiotape, Am applied for benefits. Individence in languages other through the Federal Release available in languages other through t	who require alternative means of communications Sign Language, etc.), should considuals who are deaf, hard of hearing or lay Service at (800) 877-8339. Additional than English. aint of discrimination, complete the USDA http://www.ascr.usda.gov/complaint_filing_arounder in the letter all of the information (866) 632-9992. Submit your completed for ent of Agriculture ssistant Secretary for Civil Rights dence Avenue, SW D.C. 20250-9410 2; or e@usda.gov.	nication for program information (e.g. Braille tact the Agency (State or local) where they have speech disabilities may contact USDA nally, program information may be made. A Program Discrimination Complaint Form, cust.html, and at any USDA office, or write a on requested in the form. To request a copy
the Richard B. Russell Nave to give the information our must include the last for opplication. The last four digitater child or you list a Suramilies (TANF) Program of DPIR identifier for your ches not have a social secret or reduced-price mealary share your eligibility ind, or determine benefits ple them look into violation accordance with Federal and policies, the USDA, its SDA programs are prohibitation of the prisal or retaliation for principal secret information.	lational School Lunch Act requires the information on this application, but if you do not, we cannot approve your child for free or reduced your digits of the social security number of the adult household member whights of the social security number is not required when you apply on ipplemental Nutrition Assistance Program (SNAP), Temporary Assists or Food Distribution Program on Indian Reservations (FDPIR) case in the control of the program of the security number. We will use your information to determine if your child is an and for administration and enforcement of the lunch and breakfast information with education, health, and nutrition programs to help their of their programs, auditors for program reviews, and law enforcements of program rules. I civil rights law and U.S. Department of Agriculture (USDA) civil rights a Agencies, offices, and employees, and institutions participating in or bottled from discriminating based on race, color, national origin, sex, discripting rights activity in any program or activity conducted or funded	persons with disabilities we large print, audiotape, Am applied for benefits. Individended in languages other application selligible for programs. We mevaluate, ent officials to regulations administering ability, age, or by USDA. Persons with disabilities we large print, audiotape, Am applied for benefits. Individence in displication applied for benefits. Individence in languages other available in languages other ava	who require alternative means of communication Sign Language, etc.), should considuals who are deaf, hard of hearing or lay Service at (800) 877-8339. Additional Add	nication for program information (e.g. Braille tact the Agency (State or local) where the have speech disabilities may contact USD, anally, program information may be mad A Program Discrimination Complaint Form, cust.html, and at any USDA office, or write a on requested in the form. To request a copy orm or letter to USDA by:
the Richard B. Russell Nave to give the information our must include the last for opplication. The last four digitater child or you list a Suramilies (TANF) Program of DPIR identifier for your ches not have a social secret or reduced-price mealary share your eligibility ind, or determine benefits ple them look into violation accordance with Federal and policies, the USDA, its SDA programs are prohibitation of the prisal or retaliation for principal secret information.	lational School Lunch Act requires the information on this application, but if you do not, we cannot approve your child for free or reduced your digits of the social security number of the adult household member whights of the social security number is not required when you apply on applemental Nutrition Assistance Program (SNAP), Temporary Assists or Food Distribution Program on Indian Reservations (FDPIR) case in hild or when you indicate that the adult household member signing the surity number. We will use your information to determine if your child its, and for administration and enforcement of the lunch and breakfast information with education, health, and nutrition programs to help their soft their programs, auditors for program reviews, and law enforcements of program rules. I civil rights law and U.S. Department of Agriculture (USDA) civil rights a Agencies, offices, and employees, and institutions participating in or obited from discriminating based on race, color, national origin, sex, discrior civil rights activity in any program or activity conducted or funded school (DO) for the school/district MUST complete this sect	persons with disabilities we large print, audiotape, Am applied for benefits. Individended in languages other application selligible for programs. We mevaluate, ent officials to regulations administering ability, age, or by USDA. Persons with disabilities we large print, audiotape, Am applied for benefits. Individence in displication applied for benefits. Individence in languages other available in languages other ava	who require alternative means of communications Sign Language, etc.), should considuals who are deaf, hard of hearing or lay Service at (800) 877-8339. Additional than English. In of discrimination, complete the USDA http://www.ascr.usda.gov/complaint_filing_and provide in the letter all of the informatic (866) 632-9992. Submit your completed for ent of Agriculture assistant Secretary for Civil Rights dence Avenue, SW D.C. 20250-9410 .2; or e@usda.gov. I opportunity provider.	nication for program information (e.g. Braille tact the Agency (State or local) where the have speech disabilities may contact USD mally, program information may be mad A Program Discrimination Complaint Form, cust.html, and at any USDA office, or write a on requested in the form. To request a copyorm or letter to USDA by:
ne Richard B. Russell Nave to give the information ou must include the last four dister child or you list a Suparnilies (TANF) Program of the period of the	lational School Lunch Act requires the information on this application, but if you do not, we cannot approve your child for free or reduced your digits of the social security number of the adult household member whights of the social security number is not required when you apply on applemental Nutrition Assistance Program (SNAP), Temporary Assists or Food Distribution Program on Indian Reservations (FDPIR) case in hild or when you indicate that the adult household member signing the surity number. We will use your information to determine if your child its, and for administration and enforcement of the lunch and breakfast information with education, health, and nutrition programs to help their soft their programs, auditors for program reviews, and law enforcements of program rules. I civil rights law and U.S. Department of Agriculture (USDA) civil rights a Agencies, offices, and employees, and institutions participating in or obited from discriminating based on race, color, national origin, sex, discrior civil rights activity in any program or activity conducted or funded school (DO) for the school/district MUST complete this sect	Persons with disabilities very large print, audiotape, Am applied for benefits. Individually through the Federal Rel available in languages other eapplication is eligible for programs. We mevaluate, ent officials to entergulations administering ability, age, or by USDA. Persons with disabilities very large print, audiotape, Am applied for benefits. Individually through the Federal Rel available in languages other available in languages other addressed to USDA of the complaint form, call mail: U.S. Department Office of the Antivol Indepension washington, Eax: (202) 690-744 email: program.intak. This institution is an equal see Only – Do Not Write Below This Line in the city X 52 ◆ Every 2 weeks X 26 ◆ Twice	who require alternative means of communications Sign Language, etc.), should considuals who are deaf, hard of hearing or lay Service at (800) 877-8339. Additional than English. In the first of discrimination, complete the USDA http://www.ascr.usda.gov/complaint_filing_and provide in the letter all of the informatic (866) 632-9992. Submit your completed for each of Agriculture saistant Secretary for Civil Rights dence Avenue, SW D.C. 20250-9410 2; or ee@usda.gov. I opportunity provider.	nication for program information (e.g. Braille tact the Agency (State or local) where the have speech disabilities may contact USD anally, program information may be mad A Program Discrimination Complaint Form, cust. html, and at any USDA office, or write a on requested in the form. To request a copy orm or letter to USDA by:
ne Richard B. Russell N ave to give the informatio but must include the last for pplication. The last four die ster child or you list a Su, amilies (TANF) Program of DPIR identifier for your ch es not have a social sec see or reduced-price meals AY share your eligibility i and, or determine benefits of them look into violatio accordance with Federal and policies, the USDA, its SDA programs are prohib prisal or retaliation for pr The Determining Off Directly Certified (DC)	lational School Lunch Act requires the information on this application, but if you do not, we cannot approve your child for free or reduced our digits of the social security number of the adult household member whights of the social security number is not required when you apply on applemental Nutrition Assistance Program (SNAP), Temporary Assists or Food Distribution Program on Indian Reservations (FDPIR) case in hild or when you indicate that the adult household member signing the surity number. We will use your information to determine if your child is, and for administration and enforcement of the lunch and breakfast information with education, health, and nutrition programs to help their for their programs, auditors for program reviews, and law enforcements of program rules. I civil rights law and U.S. Department of Agriculture (USDA) civil rights a Agencies, offices, and employees, and institutions participating in or coited from discriminating based on race, color, national origin, sex, discrior civil rights activity in any program or activity conducted or funded school Ufficial (DO) for the school/district MUST complete this sect Annual Income Conversion: Week	Persons with disabilities very large print, audiotape, Am applied for benefits. Individually through the Federal Relavailable in languages other available in languages other eapplication seligible for programs. We mevaluate, ent officials to e	who require alternative means of communications Sign Language, etc.), should considuals who are deaf, hard of hearing or lay Service at (800) 877-8339. Additionally service than English. Sint of discrimination, complete the USDA http://www.ascr.usda.gov/complaint_filing_and provide in the letter all of the informatic (866) 632-9992. Submit your completed for ent of Agriculture assistant Secretary for Civil Rights dence Avenue, SW D.C. 20250-9410 and provider. Sign are different frequencies of incommunity provider.	nication for program information (e.g. Braille tact the Agency (State or local) where the have speech disabilities may contact USD mally, program information may be made. A Program Discrimination Complaint Form, cust.html, and at any USDA office, or write a program or letter to USDA by: Dome listed in Step 3.) Certified on DC List:
me Richard B. Russell Nave to give the information our must include the last four dister child or you list a Suparnilies (TANF) Program of the service of th	Itational School Lunch Act requires the information on this application, but if you do not, we cannot approve your child for free or reduced your digits of the social security number of the adult household member whights of the social security number is not required when you apply on applemental Nutrition Assistance Program (SNAP), Temporary Assists or Food Distribution Program on Indian Reservations (FDPIR) case in Food Distribution Program on Indian Reservations (FDPIR) case in the curity number. We will use your information to determine if your child is an and for administration and enforcement of the lunch and breakfast information with education, health, and nutrition programs to help their so for their programs, auditors for program reviews, and law enforcements of program rules. It civil rights law and U.S. Department of Agriculture (USDA) civil rights a Agencies, offices, and employees, and institutions participating in or boited from discriminating based on race, color, national origin, sex, discriminating to the program of activity conducted or funded such as a school of the school/district MUST complete this sect Annual Income Conversion: Week based on the State DC List as eligible for: SNAP TE.	Persons with disabilities very large print, audiotape, Am applied for benefits. Individually through the Federal Rel available in languages other eapplication is eligible for programs. We mevaluate, ent officials to regulations administering ability, age, or by USDA. The order of the complaint form, call washington, program washington, program. Intaked the complaint form is an equal see Only – Do Not Write Below This Line and on. (Only convert to annual income if the complaint form is an equal see Only – Do Not Write Below This Line and on. (Only convert to annual income if the complaint form is an equal see Only – Do Not Write Below This Line and on. (Only convert to annual income if the complaint form is an equal see Only – Do Not Write Below This Line and on. (Only convert to annual income if the complaint form is an equal see Only – Do Not Write Below This Line and on. (Only convert to annual income if the complaint form is an equal see Only – Do Not Write Below This Line and on the complaint form is an equal see Only – Do Not Write Below This Line and on the complaint form is an equal see Only – Do Not Write Below This Line and on the complaint form is an equal see Only – Do Not Write Below This Line and on the complaint form is an equal see Only – Do Not Write Below This Line and on the complaint form is an equal see Only – Do Not Write Below This Line and on the complaint form is an equal see Only – Do Not Write Below This Line and on the complaint form is an equal see Only – Do Not Write Below This Line and on the complaint form is an equal see Only – Do Not Write Below This Line and on the complaint form is an equal see Only – Do Not Write Below This Line and on the complaint form is an equal see Only – Do Not Write Below This Line and on the complaint form is an equal see Only – Do Not Write Below This Line and on the complaint form is an equal see Only – Do Not Write Below This Line and on the complaint form is an equal see Only – Do Not Write Below This Line and on the complaint form is an equal s	who require alternative means of communications Sign Language, etc.), should considuals who are deaf, hard of hearing or lay Service at (800) 877-8339. Additional than English. In the fiscrimination, complete the USDA http://www.ascr.usda.gov/complaint_filing_and provide in the letter all of the information (866) 632-9992. Submit your completed for ent of Agriculture ssistant Secretary for Civil Rights dence Avenue, SW D.C. 20250-9410 2; or ee@usda.gov. I opportunity provider. In the first are different frequencies of incommunication in the letter all of the information of of the informatio	nication for program information (e.g. Braille tact the Agency (State or local) where the have speech disabilities may contact USD nally, program information may be mad A Program Discrimination Complaint Form, cust.html, and at any USDA office, or write a program or letter to USDA by: Dome listed in Step 3.) Certified on DC List:

Signature of DO:

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 Oxford Public Schools. The application must be filled out completely to certify your children 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 the application. If at any time you are not sure what to do next, please contact Joanne Ofiero, Business Secretary, 203-888-7754 extension 1107, ofieroj@oxfordpublicschools.org

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

Step 1: List all household members who are infants, children, and students up to and including grade 12

Tell us how many infants, children, and 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 foster arrangement, or qualify as homeless or runaway youth;
- Students attending Oxford Public Schools, 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, please print clearly. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

B) Is the child a student in the district? List the name of the school, the grade and mark "Yes" or "No" under the column titled "Student" to tell us which children attend school in the district. If you marked "Yes," write the grade level of the student in the "Grade" column.

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 nonfoster children, go to step 3.

D) Are any children homeless, runaway or in a Head Start Program? If you believe any child listed in this section meets this description, mark the "Head Start or Homeless/Runaway" box next to the child's name and complete all steps of the application.

Step 2: Do any household members currently participate in SNAP or TFA?

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 Family Assistance (TFA)
- A) If no one in your household participates in any of the above listed programs:
- Leave **STEP 2** blank and go to **STEP 3.**
- B) If anyone in your household participates in any of the above listed programs:
- Write a case number for SNAP or TFA. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact your DSS social worker.

Note: Do not use a HUSKY Medical Benefits number since this number is not a SNAP or TFA case number. It is also recommended (but not required) that you submit proof of this SNAP or TFA case number when you submit the application for processing. Proof does NOT include a copy of the CONNECT card.

• Go to STEP 4.

Step 3: Report income for all household members

How do I report my income?

- Use the charts titled "Sources of Income for Children" and "Sources of Income for Adult," 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.
 - o Gross income is the total income received before taxes.
 - 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.

3.A. Report income earned by children

A) Report all income earned or received by children. Report 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.

3.B. Report income earned by adults

Who should I list here?

E) Report income from

field on the application.

- 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:
 - o People who live with you but are not supported by your household's income AND do not contribute income to your household.
 - o Infants, children and students already listed in STEP 1.
- B) List adult household members' names. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Do not list any household members you listed in STEP 1. If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.

pensions/retirement/all other income.
Report all income that applies in the

"Pensions/Retirement/All Other Income"

- **C)** Report earnings from work. Report all 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.
- **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.
- **F)** Report 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.
- D) Report income from public assistance/child support/alimony. Report 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.
- G) 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 SSN."

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 privacy and civil rights statements on the back of the application.

- A) Provide your contact information. Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced-price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.
- **B) 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."
- C) Mail
 completed
 form to
 Oxford Public
 Schools
 462 Oxford Road
 Oxford CT 06478
- D) 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.