

New Student Enrollment

Date _____

Student Name _____

Do you live in the Dewey School District? _____

If you are a Transfer student (NOT currently living in the Dewey School District but with an approved transfer), in what school district do you reside? _____

Name of the previous school attended? _____

Address of previous school _____

Date of withdrawal from previous school _____

Are you currently under suspension from any other school? _____

Have you ever been a student at Dewey Schools? _____

If so, what grade did you last attend? _____

Have you ever been enrolled in any special programs/classes? _____

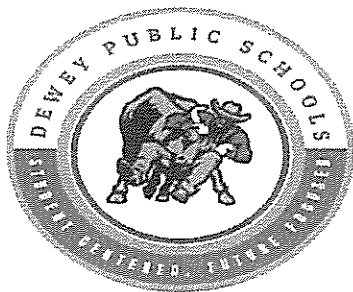
Have you ever had an IEP or 504 Plan? _____

Notice to Parent/Guardian

Dewey Schools will carry all school records (including but not limited to: transcripts, grade cards, test records, class lists, honor rolls, publicity releases, etc.) in the **legal name** of the student, as established and verified by the given name listed on the student's birth certificate. Any assumed "goes by" last name **will not replace the legally given name** in any publication of school records. A change in the legal name will need to be verified by presenting the school office **a record of the name change by court order.**

Non-custodial parents will have the right to any information or record relating to a minor child which is available to the custodial parent, including teacher/parent conferences, **unless restricted by court order.** In such case, it is the responsibility of the custodial parent to provide a copy of the legal restrictions to the school office.

Dewey Public Schools
#1 Bulldogger Road
Dewey, OK 74029
918-534-0111 Ext 3000
Fax: 918-534-0112
keswaim@deweyk12.org



Emailed/Faxed _____
Fax Number _____
Email _____
Records Rec'd _____

Authorization for RELEASE OF STUDENT RECORDS

I authorize _____
School District/Agency **LAST ATTENDED**

Street Address/P.O. Box City State Zip Code

To release to Dewey Middle School copies of the official transcript, withdrawal grades to date, cumulative folder data, health records and any confidential records pertaining to special placement for the following student(s):

Legal Name of Child Birthdate Grade

Legal Name of Child Birthdate Grade

Legal Name of Child Birthdate Grade

Signature of Parent or Guardian Date

Address

Education records are maintained and released in accordance with the Family Education Rights and Privacy Act (FERPA). Parents or eligible students shall be provided a copy of the records to be disclosed if requested. Further disclosure of the above records will be in accordance with 34 CFR 99.31

Student Information Sheet

Please fill out and return to the school office.

Student's Legal Name

First _____ Middle _____ Last _____ Suffix (Jr, III) _____

Date of Birth MM/DD/YY ____/____/____ City and State of Birth _____, _____

Gender (circle one): Male Female

Ethnicity (Mark all that apply):

____ White (non-Hispanic)	Percentage _____
____ American Indian (non-Hispanic)	Percentage _____
____ Black (non-Hispanic)	Percentage _____
____ Asian (non-Hispanic)	Percentage _____
____ Pacific Islander (non-Hispanic)	Percentage _____
____ Hispanic	Percentage _____

Listing race percentages is optional. However, if no percentages are listed, please check all that apply, and circle the primary race.

Grade classification upon entry (the grade he/she will be in when they start attending DMS)

____ 6th Grade ____ 7th Grade ____ 8th Grade ____ Unknown

Please list any special needs or requirements for this student.

Please list any people who are **RESTRICTED** from having contact with or picking up this student. If the non-custodial parent is listed, we must have a copy of legal documentation stating restrictions.

Mailing Address:

Street Address _____

City _____ State _____ Zip _____

County _____

Physical Address:

Street Address _____

City _____ State _____ Zip _____

County _____

Birth Certificate Number _____

Citizenship/Nationality _____

Guardian/Contact Information

Student Name: _____

Please list all parents, guardians, and contacts for this child. **Please list each person separately**, even if married. List in order of contact priority.

Contact 1:

First Name _____ Middle Initial _____ Last Name _____ Male / Female

Phone (list preferred number first) _____ Type (Cell, Home, Work) Unlisted? _____
_____ Type (Cell, Home, Work) Unlisted? _____

Street Address _____ City _____ State _____ Zip _____

Relationship to Student _____

Check all that apply: ☐ This person is a family member ☐ This person is an emergency contact
☐ This person can pick up the student from school ☐ This person can receive mailings
☐ This person is allowed online access to student grades

Non-English Speaking? Yes or No If yes, what language is spoken? _____

Email Address _____

Employer Name _____

Contact 2:

First Name _____ Middle Initial _____ Last Name _____ Male / Female

Phone (list preferred number first) _____ Type (Cell, Home, Work) Unlisted? _____
_____ Type (Cell, Home, Work) Unlisted? _____

Street Address _____ City _____ State _____ Zip _____

Relationship to Student _____

Check all that apply: ☐ This person is a family member ☐ This person is an emergency contact
☐ This person can pick up the student from school ☐ This person can receive mailings
☐ This person is allowed online access to student grades

Non-English Speaking? Yes or No If yes, what language is spoken? _____

Email Address _____

Employer Name _____

Contact 3:

First Name _____ Middle Initial _____ Last Name _____ Male / Female

Phone (list preferred number first) _____ Type (Cell, Home, Work) Unlisted? _____
_____ Type (Cell, Home, Work) Unlisted? _____

Street Address _____ City _____ State _____ Zip _____

Relationship to Student _____

Check all that apply: ☐ This person is a family member ☐ This person is an emergency contact
☐ This person can pick up the student from school ☐ This person can receive mailings
☐ This person is allowed online access to student grades

Non-English Speaking? Yes or No If yes, what language is spoken? _____

Email Address _____

Employer Name _____

Dewey Public Schools Student Enrollment Questionnaire

Student Name:	Today's Date:	
Date of Birth:	Grade:	School:

Your child may be eligible for additional educational services through Title X, Part C McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.

Where are you and your family currently living? Please check one of the boxes below.

SECTION A

☐ Rent/own my own home or apartment

STOP: If you checked the box that you rent/own your own home or apartment skip to the bottom of the page, sign the form, and then submit to school personnel. If you do not rent/own your own home or apartment, please continue to the next section.

SECTION B

☐ Temporarily with another family member or friend until we can locate affordable housing

☐ In an emergency or transitional shelter

☐ In a vehicle, park, campground, or on the streets

☐ In a house, building, or trailer WITHOUT running water or electricity

☐ In a hotel or motel

☐ With an adult that is not a parent or legal guardian

☐ Alone or in different locations, without an adult serving as a caregiver

☐ Wherever I can find a place to stay at night

☐ Other Please Explain:

If you checked a box in section B, in the space below please list all children currently living with you who attend Dewey Public Schools.

FIRST & LAST NAME OF STUDENT	MALE OR FEMALE	DATE OF BIRTH	GRADE	SCHOOL NAME

Would you like to be contacted by an employee of the school to discuss additional educational services that may be available to your child? ☐ Yes ☐ No

The undersigned certifies that the information provided is correct and accurate.

(Print) Parent/Guardian or Adult Caring for the Student: _____

Relationship to Student: _____ Signature: _____

Street Address _____ City _____ State _____ Zip _____

Phone Number: _____ Email Address: _____

SCHOOL YEAR:

HOME LANGUAGE SURVEY



STUDENT INFORMATION

Student Name: _____ Grade: _____
Last Name First Name Middle NameDate of Birth: _____ School: _____ Student ID#: _____ Gender: Male ☐ Female ☐
MM/DD/YYYYIs the student of Hispanic or Latino culture or origin? YES ☐ NO ☐

Please select one or more of the following races:

- ☐ African American/Black ☐ American Indian/Alaskan Native ☐ Asian
☐ Native Hawaiian/Pacific Islander ☐ Caucasian/White

The purpose of the following questions is to help determine if a student's exposure to a language other than English may make them eligible to receive additional English Learner (EL) supports.

1. What is the dominant language most often spoken by the student? _____
2. What is the language routinely spoken in the home, regardless of the language spoken by the student? _____
3. What language was first learned by the student? _____
4. Does the parent/guardian need interpretation services? YES ☐ NO ☐ If YES, in what language? _____
5. Does the parent/guardian need translated materials? YES ☐ NO ☐ If YES, in what language? _____
6. What was the date the student first enrolled in a school in the United States? _____
MM/YYYY

Date (MM/DD/YYYY)_____
Parent or Guardian Signature

SCHOOL USE ONLY

The response of a language other than English to any or all of questions #1, #2, and #3 above should prompt local review of the student's potential EL identification and assessment history in the state Accountability Reporting application. If no previous EL history is present, the student must be administered a state-approved screening tool to determine their EL status.

If this HLS will be used for the purposes of Non-EL Bilingual qualification, please indicate one of the following:

- ☐ A language other than English is indicated **TWO OR MORE TIMES** in questions #1, #2, and #3 above. The student is considered "more often" and has previously demonstrated English language proficiency on the PKST* or WIDA assessment :

Assessment Name: _____	Year Assessed: _____	Score: _____
------------------------	----------------------	--------------

- ☐ A language other than English is indicated **ONE TIME** in questions #1, #2, and #3 above. The student is considered "less often" and has demonstrated English language proficiency on the PKST* or WIDA assessment. The student's PKST* or WIDA assessment score and additional qualifying score is noted on the attached "Less Often" Non-EL Bilingual Qualification Form.

*A PKST score is valid only for a student's pre-K year(s). Regardless of the PKST score earned, a student administered the PKST must be administered the WIDA K Screener at the outset of kindergarten. To qualify a student as Non-EL Bilingual beyond their pre-K year, a student must either demonstrate initial proficiency on the WIDA K Screener or subsequently on the K ACCESS or ACCESS assessment.

AÑO ESCOLAR: ENCUESTA DE IDIOMAS HABLADO EN EL HOGAR



DATOS DEL ALUMNO

Nombre del alumno: _____ Grado: _____
 Apellido(s) Nombre Segundo Nombre

Fecha de nacimiento: _____ Escuela: _____ No. de carnet estudiantil: _____ Genero: Masculino ☐ Feminino ☐
 MM/DD/AAAA

¿Es el alumno de cultura u origen hispano o latino? SI ☐ NO ☐

Seleccione una o más de las siguientes razas:

☐ afroamericana/negra ☐ amerindia o nativa de Alaska ☐ asiática
☐ Hawaiana o isleña del Pacífico ☐ caucásica/blanca

Las preguntas siguientes nos ayudan a determinar si exposición del estudiante a idiomas fuera del inglés podría hacerlos elegibles para recibir recursos adicionales de English Learners (Aprendiz de inglés).

1. ¿Cuál es el idioma predominante que con mayor frecuencia habla el alumno? _____
2. ¿Cuál es el idioma que normalmente se habla en el hogar, independientemente del idioma que habla el alumno? _____
3. ¿Cuál fue el idioma que el alumno aprendió por primera vez? _____
4. ¿Requiere el padre/tutor servicios de interpretación? SI ☐ NO ☐ En su caso, ¿para qué idioma? _____
5. ¿Requiere el padre/tutor materiales traducidos? SI ☐ NO ☐ En su caso, ¿para qué idioma? _____
6. ¿En qué fecha se inscribió el alumno por primera vez en una escuela en Estados Unidos? _____
 MM/AAAA

FECHA (MM/DD/AAAA)

Firma del padre/tutor

SOLO PARA USO ESCOLAR

The response of a language other than English to any or all of questions #1, #2, and #3 above should prompt local review of the student's potential EL identification and assessment history in the state Accountability Reporting application. If no previous EL history is present, the student must be administered a state-approved screening tool to determine their EL status.

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Assessment Name:		Year Assessed:		Score:	
------------------	----------------------	----------------	----------------------	--------	----------------------

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MEDICAL STATEMENT

Requesting Special Foods in Child Nutrition Programs

Part I (to be filled out by Parent/Guardian)

Name of Student: _____

Age: _____

Name of Parent/Guardian: _____

Telephone Number: _____

School District: _____

School Attended by Student: _____

Part II (to be filled out by a state licensed healthcare professional or a registered dietician)

Diagnosis (include description of the patient's medical or other special dietary needs that restrict the child's diet):

List food(s) to be omitted from diet:

List food(s) that may be substituted (diet plan):

Additional information:

Date

Signature of State Licensed Health Care Professional

State Licensed Health Care Professional Phone Number

DEWEY PUBLIC SCHOOLS

Chromebook Responsible Use Agreement Technology Initiative



STUDENT CENTERED, FUTURE FOCUSED

I acknowledge that I have reviewed the Dewey Public Schools (DPS) Technology Guidelines, which detail the instructional goals, implementation policies, and the care of the Chromebook. I further understand that an individual technology device will now be a necessary educational item at DPS but we will NOT issue a device to a student until his or her parent or guardian has signed this agreement.

I understand that the student is expected to:

- Take reasonable steps to ensure that the Chromebook is not damaged or stolen.
- Leave all DPS labeling in place and in its original condition.
- Use the Chromebook in a responsible manner at all times.
- Download district approved apps and extensions to help with educational activities.

I understand that the parent/guardian is expected to:

- Ensure my child meets the expectations of the **DPS Technology Guidelines**.
- Pay the cost of repairing or replacing the Chromebook should the device be damaged, lost, or stolen.

PLEASE PRINT

Student Name: _____ Student Grade in 2026-2027: _____

Parent Name: _____ Student Graduation Year: 2031 **2032** 2033

Parent Email: _____ Parent Home/Cell Phone: (____) _____

Parent Signature: _____ Today's Date: _____

DMS Technology Guidelines

Purpose

To ensure equitable, responsible, and efficient distribution of Chromebooks to support student learning while maintaining accountability for school-owned devices.

Chromebook

The Chromebook is a personal computer designed to work with Google's G Suite for Education web-based applications. The school district chose this device as the best fit for the needs of the students in terms of productivity, processing speed, ease of operation, and cost-effectiveness. The school district will purchase and retain full ownership of the Chromebooks, and students are to use them in accordance with the district's technology policies.

Distribution of the Chromebooks

A student will be assigned a device to use from a classroom set only if a parent or guardian has submitted signed and dated hard copies of the following:

- **Chromebook Responsible Use Agreement**
- **Student Internet Access Agreement**

District Responsibilities for the Use of the Chromebook

The District will comply with the Children's Internet Protection Act (CIPA) to do its best to prevent the inappropriate use of the Chromebook and/or the Internet.

Parent and Student Responsibilities

As with any District-owned property, such as textbooks, the student and parent or guardian will be responsible for replacing a lost Chromebook or making repairs that were the result of inappropriate use or neglect of the device.

Because the Chromebook is an Internet-based device, students are expected to observe all DPS technology policies and federal, state, and local laws.

Digital Citizenship Tips for Teenagers

- **Think before you post or text.** A bad reputation could be just a click away. Before you press the "send" button, imagine the last person in the world that you'd want seeing what you post, because that can and does happen.
- **What goes around comes around.** If you want your privacy respected, respect others' privacy. Posting an embarrassing photo or forwarding a friend's private text without asking can cause unintended harm to others.
- **Spread heart, not hurt.** If you wouldn't say it in person, don't say it online. Stand up for those who are bullied or harassed, and let them know that you're there for them.
- **Give and get credit.** We're all proud of what we create. Illegal downloading, digital cheating, and cutting and pasting other people's items may be easy, but that does not make it right. You have the responsibility to respect other people's creative work – and the right to have your own work respected.
- **Make this a world you want to live in.** Spread good things. Create, share, tag, comment, and contribute to the online world in positive ways.

General Care of the Chromebook

- **Always carry the device with care; the screen should not be open when being carried.**
- **Do not lift the device by the screen.**
- **Do not store the device where other items can place pressure on the screen.**
- **Do not place food or drink near the device.**
- **Insert cords, cables, and removable storage devices carefully.**
- **Do not deface the device with writing, drawings, stickers, labels, etc. that are not approved by the District.**
- **Do not place heavy objects on the device.**
- **Clean the screen only with a soft, dry microfiber cloth or anti-static cloth. DO NOT USE CLEANING SOLVENTS OR OTHER LIQUIDS ON THE SCREEN.**
- **Do not deface or remove any District labeling.**

Guidelines for Appropriate Use

With the opportunity afforded by using District technology comes the requirement to use that technology responsibly. Failure to use district devices, networks, or other resources responsibly may result in disciplinary action.

Students will:

- Use the Chromebook and other district technology resources during instructional time only for academic purposes.
- Use web tools as an extension of the classroom.
- Use appropriate language and graphics when they are using blogs, podcasts, email, a Learning Management System, or other communication tools.
- Use only assigned accounts.
- Maintain confidentiality about usernames and passwords.
- Only communicate in ways that are kind and respectful.
- Remember that making illegal copies of music, games, movies, and other copyrighted material is prohibited.
- Give credit when using the words or works of others.
- Prevent damage to the Chromebook by following the "General Care" guidelines provided above.
- Digitally publish work whenever possible. With teacher permission, students may print limited hard copies using designated printers at school.
- Earbuds or headphones will not be provided. Keep the sound muted or use headphones or earbuds when the noise might disturb others, and keep the volume low when wearing headphones or earbuds to avoid damaging their hearing and disturbing others.

Students will NOT:

- Remove any identifying stickers or labels placed in or on the device by the District.
- View, use, or copy passwords, data, or networks for which they are not authorized.
- Reveal personal information (telephone numbers, addresses, passwords, etc.) about themselves or others.
- Leave computers unsupervised and logged in to any District-managed system.
- Allow other people to use their assigned device.
- Harass, bully or threaten anyone.
- Use offensive or inflammatory language of any kind.
- Misrepresent themselves or others.
- Destroy or damage data, programs, networks, or any other system or component of a system owned or managed by the District.
- Attempt to override, bypass, or otherwise change the Internet filtering software, Google Management, or other network configurations.
- Reset or "wipe" any device.

Estimated Repair/Replacement Costs

Item	Cost	Item	Cost
Chromebook (w/o charger)	\$300	Screen	\$99
Charger and Power Cord	\$45	Battery (not replaceable, so full loss)	\$300
Power Cord only (w/o charger)	\$5	Keyboard and Trackpad	\$100
		Entire package (Chromebook and charger)	\$350
		Asset Tag Removal	\$5

CODE OF CONDUCT FOR COMPUTER USE AND INTERNET ACCESS

The purpose of providing computer applications and Internet access is to develop communication skills and promote the exchange of information and ideas within the global community. The following represents a guide to the acceptable use of the technology provided by this district. All network use must be consistent with the policies and goals of the school district.

Inappropriate use of district technology will result in the loss of technology use, disciplinary action, and/or referral to legal authorities.

Each system user is expected to comply with all district policies governing Internet access and to abide by generally accepted rules of network etiquette. The general rules include but are not limited to, the following:

- (a) **Appropriate language** - Do not use abusive language in messages to others. Be polite. Do not use obscene, indecent, lewd, or profane language, vulgarities, rude or disrespectful language. Do not engage in personal attacks or activities intended to distress, harass, or annoy another user.
- (b) **Safety** - Do not reveal personal contact information about yourself or any other person. This information includes telephone numbers and addresses. Do not use the Internet access to arrange meetings with persons you have met online. Users will promptly disclose to the teacher, District system administrator or to some other member of the faculty or staff any message they consider to be inappropriate or which makes them feel uncomfortable.
- (c) **Electronic Mail** - Users should be aware that electronic mail (Email) may not be assumed to be a private communication. The District and system administrators do have access to Email. Messages relating to or in support of illegal activities will be reported to the authorities. System users should not post any message which is intended to be private.
- (d) **Network Resources** - System users should not use the network in a way that will disrupt the use of the network by other users. The network should be used for educational, professional and career development activities only. System users should refrain from downloading large files unless absolutely necessary, and then only when the system is not being heavily used. Such files should be removed from the system computer to the user's personal computer as soon as possible.
- (e) **Intellectual property** - Do not plagiarize work obtained from the Internet. Users must respect the rights of copyright owners and comply with all limitations imposed upon use of copyrighted material.

With access to such vast storehouses of information and instant communication with millions of people from all over the world, material will be available that may not be considered to be of educational value by the District or which is inappropriate for distribution to children. The District has taken available precautions, including but not limited to enforcing the use of filters that block access to obscenity, child pornography and other materials harmful to minors. However, on a global network, it is impossible to control all material and an industrious user may obtain access to inappropriate information or material. The District firmly believes that the value of the information and interaction available on the Internet far outweighs the possibility that students and employees may procure material that is not consistent with our educational goals.

Any user of District Internet capabilities implies an understanding of and agreement with the above terms and conditions of this Internet Acceptable Use Policy, and agrees to abide by all terms and conditions described. If a parent wishes to limit their students access to the Internet while at school they may request such in writing at a building office.

Student Internet Access Agreement

Student Section

Student Name _____ Grade _____
(Last) (First) (Middle)

I have received a copy of the Internet Acceptable Use Policy as contained in the Student Handbook. I have read and agree to abide by their provisions. I understand that any violation of the use provisions may result in disciplinary action including, but not limited to, suspension and/or revocation of network privileges and suspension from school.

Student's Signature _____ Date ____/____/____

Parent or Guardian Section (Required):

I have read the Internet Acceptable Use Policy as contained in the Student Handbook for Dewey Public Schools. I understand that the School District has taken reasonable precautions to ensure that access to controversial material is limited to the extent possible. I realize, however, that it is not possible to completely prevent access to inappropriate material. I will monitor my child's use of the network and his/her access to the Internet and will accept full responsibility for supervision in that regard if and when my child's use is not in a school setting. I hereby release the School District from liability in the event that my child acquires inappropriate material through the use of the District's computing resources or the Internet. I hereby request that the District issue an account for my child and certify that the information contained on this form is correct.

Parent's Signature _____ Date ____/____/____

Home Address _____ Phone _____

Statement of Policy for Drug-Free Schools

- A. All students will participate in a developmentally based drug and alcohol education and prevention program.
- B. Students are hereby notified that the use, possession, or distribution of illicit drugs, and alcohol is wrong and harmful to themselves as well as to others.
- C. **Standard of Conduct:** The use, possession, distribution, sale, or being under the influence of alcohol, illicit drugs, and or inhalants will not be tolerated on school property or within one thousand feet of school property. Compliance is mandatory.
- D. **Disciplinary Sanctions:** Students who violate paragraph "C" shall be subject to discipline deemed appropriate in view of all the facts and circumstances. Discipline will be consistent with local, state, and federal law. Disciplinary sanctions may include the possibilities of:
 - 1. In School Suspension
 - 2. Suspension from school (short or long term)
 - 3. Alternative education placement (as appropriate)

4. Referral to law enforcement officials
5. Completion of an appropriate rehabilitation program.

E. Information about drug and alcohol counseling and rehabilitation and re-entry programs are available in the principal's and/or the counselor's office.

F. Students and Parent(s) will receive a copy of this Statement of Policy for a Drug-Free School. (See Parent/Student Handbook)

G. A biennial review of the policies will be conducted. Disciplinary Sanctions, Paragraph "D" will be consistently enforced.

H. This record of notification and compliance with the Drug-Free School policy will be kept in the student's cumulative record folder.

Parent Statement of Acknowledgement of Policy

I have read the Statement of Policy for Drug-Free Schools, and understand my child, while in attendance in this school district will be governed by such policy. (Sign and return to building office)

Student's Name _____ Grade _____

Parent/Guardian Signature _____ Date ____/____/____

Dewey Public Schools – Media Consent and Release Form

Dewey Public Schools uses photos and videos to celebrate student achievements, share school news, and create educational materials. Please review the options below to grant or deny permission for the District to use your child's likeness. By signing this form, you acknowledge that your child's still or moving images (photos and videos) may be used in two primary ways:

Public Communications: District social media pages, official press releases, school newsletters, commercials, and the school website.

Educational Materials: Print or digital curriculum, training materials, instructional media, videoconferencing, and distance learning.

This consent applies for the usable life of the media content. You agree that no financial compensation (\$0) will be provided for the use of these images. You agree not to hold Dewey Public Schools liable for using these images, provided they are used in the appropriate educational and promotional manners stated above. Dewey Public Schools promises to use all student images exclusively in an appropriate, professional, and educational manner.

[] **ACCEPT:** I give Dewey Public Schools the right to use my child's photo and video likeness for the public communications and educational materials listed above.

[] **DENY:** I do NOT give Dewey Public Schools the right to use my child's photo and video likeness for public communications (social media, newsletters, press releases) or promotional materials.

Student Name (Printed): _____

Student Signature : _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____ **Date:** _____

(Template)

School Year 2026-2027

Economically Disadvantaged Form

This application should be completed even if your student attends a Community Eligibility Provision or Provision School.

School: _____ Grade: _____ Student Number: _____

Student Name: _____

Please select the income range that represents the total annual gross income:

- | | | |
|---|--|---|
| ☐ Less than \$29,526 | ☐ Between \$61,050 and \$71,558 | ☐ Between \$103,082 and \$113,590 |
| ☐ Between \$29,526 and \$40,034 | ☐ Between \$71,558 and \$82,066 | ☐ Between \$113,590 and \$124,098 |
| ☐ Between \$40,034 and \$50,542 | ☐ Between \$82,066 and \$92,574 | ☐ Between \$124,098 and \$134,606 |
| ☐ Between \$50,542 and \$61,050 | ☐ Between \$92,574 and \$103,082 | ☐ Between \$134,606 and \$145,114 |

Please select the total number of people in your household:

- | | | |
|---------------------------------|---------------------------------|-----------------------------------|
| ☐ One (1) | ☐ Five (5) | ☐ Nine (9) |
| ☐ Two (2) | ☐ Six (6) | ☐ Ten (10) |
| ☐ Three (3) | ☐ Seven (7) | ☐ Eleven (11) |
| ☐ Four (4) | ☐ Eight (8) | ☐ Twelve (12) |

Signature: I certify that all information provided on this form is true to the best of my knowledge and that all household income is reported. I understand that this information will impact federal and state funding to the school.

Sign Here: _____ Date: _____

Print Name: _____

For Office use only:

- ☐ Qualified ☐ Not Qualified