

LUKACHUKAI COMMUNITY SCHOOL SY2023-2024 CALENDAR

Ya'iishjáástsoh 4 Independence Day 24-26 Staff Orientation Week 27 Teacher/Staff Prep Day 31 First Day of School 1 # of Instructional Days	July 2023 <table border="1"> <tr><th>S</th><th>M</th><th>T</th><th>W</th><th>TH</th><th>F</th><th>S</th></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td>1</td></tr> <tr><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td></tr> <tr><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td></tr> <tr><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td></tr> <tr><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td></tr> <tr><td>30</td><td>31</td><td></td><td></td><td></td><td></td><td></td></tr> </table>	S	M	T	W	TH	F	S							1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31						January 2024 <table border="1"> <tr><th>S</th><th>M</th><th>T</th><th>W</th><th>TH</th><th>F</th><th>S</th></tr> <tr><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td></tr> <tr><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td></tr> <tr><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td></tr> <tr><td>28</td><td>29</td><td>30</td><td>31</td><td></td><td></td><td></td></tr> </table>	S	M	T	W	TH	F	S		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				Yas Nit'ees 1 New Year's Day 2 School Resumes 15 Martin Luther King Day 17 # of Instructional Days							
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73 Total # of Instructional Days 149 # of Instructional days 76 Total # of Instructional Days

1 July 15 Nav. Nat./Federal Holiday 220 # of days of Teacher's Contract 17 Jan

18 Aug Parent Teacher Conference BOY: Beginning of Year Assessment 16 Feb

15 Sept Professional Development MOY: Middle of Year Assessment 12 Mar

14 Oct 14 Fall/Winter/Spring Break EOY: End of Year Assessment 17 Apr

17 Nov 31&2 First Day of School/School Resumes 14 May

8 Dec 0 June

School Board Signature: 

Date Approved: 5-9-23



**LUKACHUKAI COMMUNITY SCHOOL
HOME OF THE EAGLES**

Navajo Route 13
P. O. Box 230
Lukachukai, Arizona 86507



Child Name: _____ Grade: _____

CHECK LIST: Application Requirements

Need the following documents, before enrolling a NEW STUDENT:

- Withdrawal Slip (From Previous School)
- C.I.B (Certificate of Indian Blood)
- Birth Certificate
- Report Card (From Previous School)
- Updated Immunization with current year (Computerized Copy Only)
- Enrollment Form (All Section must be completed)
- Update Guardianship Documents (if needed)
- Transcripts Request from previous school
- Allergy Form Required (If your child has a food/medication allergy)
- AIA Physical Examination Form (5th-8th Graders who will participate in Sports)
- Navajo Clan Sheet
- Application for Free and Reduced-Price School Meals
- Health Packet

RETURNING STUDENTS:

- Updated Immunization with **CURRENT YEAR** (Computerized Copy Only)
- Enrollment Form (**ALL sections must be completed**)
- Updated Guardianship Documents (If needed)
- Allergy Form Required (If your child has a food/medication allergy)
- AIA Physical Examination Form (If your child will participate in sports)
- Navajo Clan Sheet
- CIB, Birth Certificate, Social Security
- Health Packet

Mission Statement:

"LCBE, INC. provides a strong comprehensive curriculum that enhances and strengthens individuality and independence in our global societies".

Lukachukai Community School

APPLICATION FOR ENROLLMENT

Attached with the application: Birth Certificate, Certificate of Indian Blood, and Out of Boundary Waiver (if applicable). Updated Immunization Records and Physical Examination Document (if required).
Submit the application and the following documents directly to the school (Lukachukai Community School).
DO NOT SUBMIT TO AGENCY.

UNITED STATES DEPARTMENT OF THE INTERIOR FOR STUDENTS ENROLLED IN THE BUREAU-FUNDED SCHOOL

SCHOOL YEAR: _____

GRADE APPLYING FOR: _____

1. STUDENT INFORMATION:

NAME OF STUDENT: _____
Last Name First Name Middle Name

MAILING ADDRESS: _____

DATE OF BIRTH: _____ FEMALE () MALE ()
Month Day Year

PLACE OF BIRTH: _____

TRIBAL AFFILIATION: _____ DEGREE OF BLOOD: _____

AGENCY: _____ ENROLLMENT NUMBER: _____

PHYSICAL ADDRESS: _____

CHAPTER AFFILIATION: _____

TELEPHONE: _____ MESSAGE NUMBER: _____

Parent/Guardian Signature

Date

Registrar

Date

Mission Statement:

"LCBE, INC. provides a strong comprehensive curriculum that enhances and strengthens individuality and independence in our global societies".

2. FAMILY AND BACKGROUND INFORMATION (PLEASE FILL OUT ALL INFORMATION):

PARENT OR LEGAL GUARDIAN (circle one)

FATHER NAME: _____

MOTHER NAME: _____

ADDRESS: _____

ADDRESS: _____

PHYSICAL ADDRESS: _____

TRIBAL AFFILIATION: _____

TRIBAL AFFILIATION: _____

HOME AGENCY: _____

HOME AGENCY: _____

CENSUS NUMBER: _____

CENSUS NUMBER: _____

LIVING () DECEASED ()

LIVING () DECEASED ()

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OCCUPATION: _____

EMPLOYER: _____

EMPLOYER: _____

HOME PHONE NUMBER: _____

HOME PHONE NUMBER: _____

WORK PHONE NUMBER: _____

WORK PHONE NUMBER: _____

CELL PHONE NUMBER: _____

CELL PHONE NUMBER: _____

EMERGENCY NUMBER: _____

EMERGENCY NUMBER: _____

DOMINATE LANGUAGE SPOKEN IN THE HOME: (1) _____

(2) _____

3. SCHOOL PREVIOUSLY ATTENDED (STUDENT INFORMATION)

SCHOOL NAME: _____

ADDRESS: _____

DATES ATTENDED: _____ GRADE COMPLETED: _____

REASON FOR LEAVING: _____

STUDENT PARTICIPATED IN SPECIAL EDUCATION: YES () NO ()

I AM LEGALLY RESPONSIBLE FOR THIS STUDENT AND HEREBY APPLY FOR HIS/HER ADMISSION TO THIS SCHOOL. I UNDERSTAND THAT ADDITIONAL INFORMATION MAYBE REQUESTED BEFORE THE STUDENT IS ENROLLED.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

Mission Statement:

"LCBE, INC. provides a strong comprehensive curriculum that enhances and strengthens individuality and independence in our global societies".

**Lukachukai Community School
AUTHORIZED STUDENT CHECK-OUT LIST**

I/WE _____
PARENT/GUARDIAN NAME RELATION TO STUDENT

NAME OF STUDENT GRADE

*AUTHORIZED THE FOLLOWING PERSON(S) TO CHECK OUT MY CHILD IN CASE OF
EMERGENCY, WHEN I AM NOT AVAILABLE OR CANNOT BE REACHED. IF I DON'T HAVE
THEM ON THE LIST I WILL WRITE A NOTE.*

Name of Adult	Relation to Child	Home Location	Phone Number

***** NOTE: AUTHORIZE PERSON MUST BE 18 YEARS OF AGE OR OLDER. AN
I.D. WILL BE REQUIRED*****

PARENT/GUARDIAN SIGNATURE

DATE

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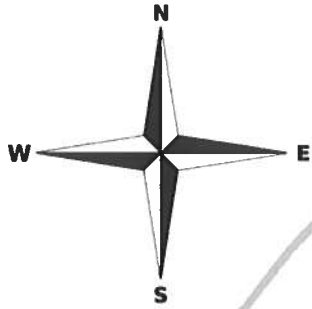
SY: _____

STUDENT NAME: _____ GRADE: _____

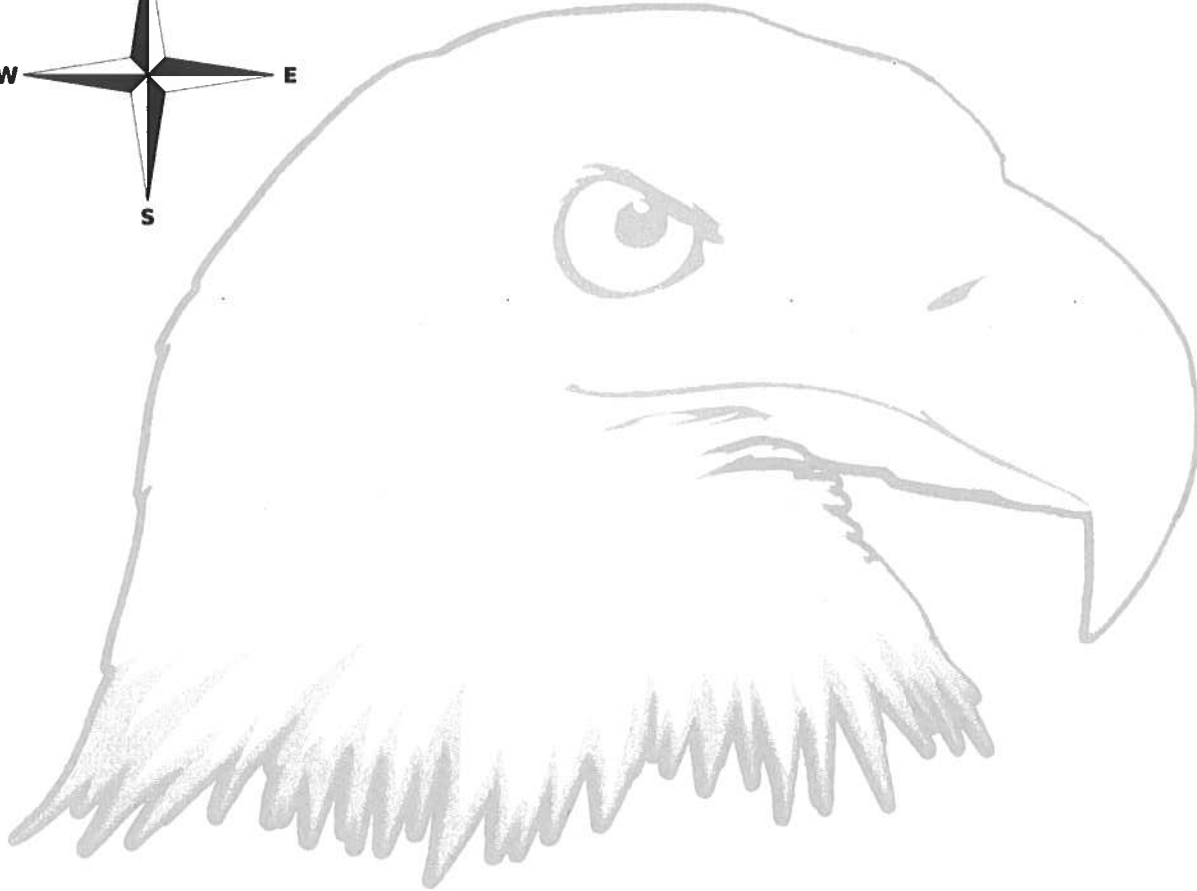
EXACT LOCATION OF HOME: _____

PARENT/GUARDIAN: _____ PRIMARY PHONE: _____

PARENT/GUARDIAN SIGNATURE: _____



(PLEASE DRAW MAP)



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Dear Parents & Guardians

Keeping you informed is a top priority at Lukachukai Community School. RemindApp is a notification service that allows us to send text messages, or emails directly to your phone number to provide important information about school events, emergencies, school delays, and/or cancellations.

What you need to know about RemindApp:

- Text message and/or email of School general announcement
- You may respond with questions/answers
- Your contact information will be saved until you decide to remove
- All conversations are saved

The effective distribution of information depends on accurate contact information of each student. So, please make certain that we have your most current phone numbers. If this information changes during the year, please notify us immediately.

We are excited to integrate RemindApp as a Communication System and to provide information to you of all events within the school.

Thank you for your cooperation and if you any questions, please do not hesitate to contact, Registrar @ (928) 349-9937.

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EMERGENCY CONTACT FORM/REMINDAPP

STUDENT NAME: _____ GRADE: _____

PARENT(S)/ GUARDIAN: _____

PARENT(S)/GUARDIAN PRIMARY CELL NUMBER: 1. _____
2. _____
3. _____

PARENT(S) WORK NUMBER: 1. _____
2. _____
3. _____

EMERGENCY NUMBERS: 1. _____
2. _____
3. _____

HOME PHONE NUMBER: 1. _____

TEXT MESSAGING: _____

EMAIL: _____

NOTE: IF YOUR PRIMARY OR MOBILE NUMBER HAS CHANGED, PLEASE INFORM THE SCHOOL AS SOON AS POSSIBLE. THIS INFORMATION IS IMPORTANT FOR YOUR CHILD/CHILDREN'S SAFETY AND IN CASE OF EMERGENCY. THANK YOU.

PARENT/GUARDIAN SIGNATURE

DATE

DO CHILD HAVE OTHER SIBLINGS ATTENDING LUKACHUKAI COMM. SCH. YES NO
IF YES, PLEASE LIST BELOW:

NAME OF STUDENT _____

GRADE _____

NAME OF STUDENT _____

GRADE _____

NAME OF STUDENT _____

GRADE _____

NAME OF STUDENT _____

GRADE _____

Verification of Home Location

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Arizona Department of Education
Office of English Language Acquisition Services

Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

1. What language do people speak in the home *most* of the time?

2. What language does the student speak *most* of the time?

3. What language did the student *first* speak or understand?

Student Name _____	District Student ID _____
Date of Birth _____	SSID _____
Parent/Guardian Signature _____	Date _____
District or Charter _____	
School _____	

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site.

In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c)). (Revised 05-2023)

For Parent/Guardians:

Definitions:

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335

ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School _____ School District _____

Tribal Membership

The individual with Tribal membership is the (select only one): child child's parent child's grandparent

If the individual with Tribal membership is not the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

Membership or enrollment number establishing membership _____ (if readily available) or other evidence establishing membership in the Tribe listed above _____ (describe and attach).

Attestation Statement

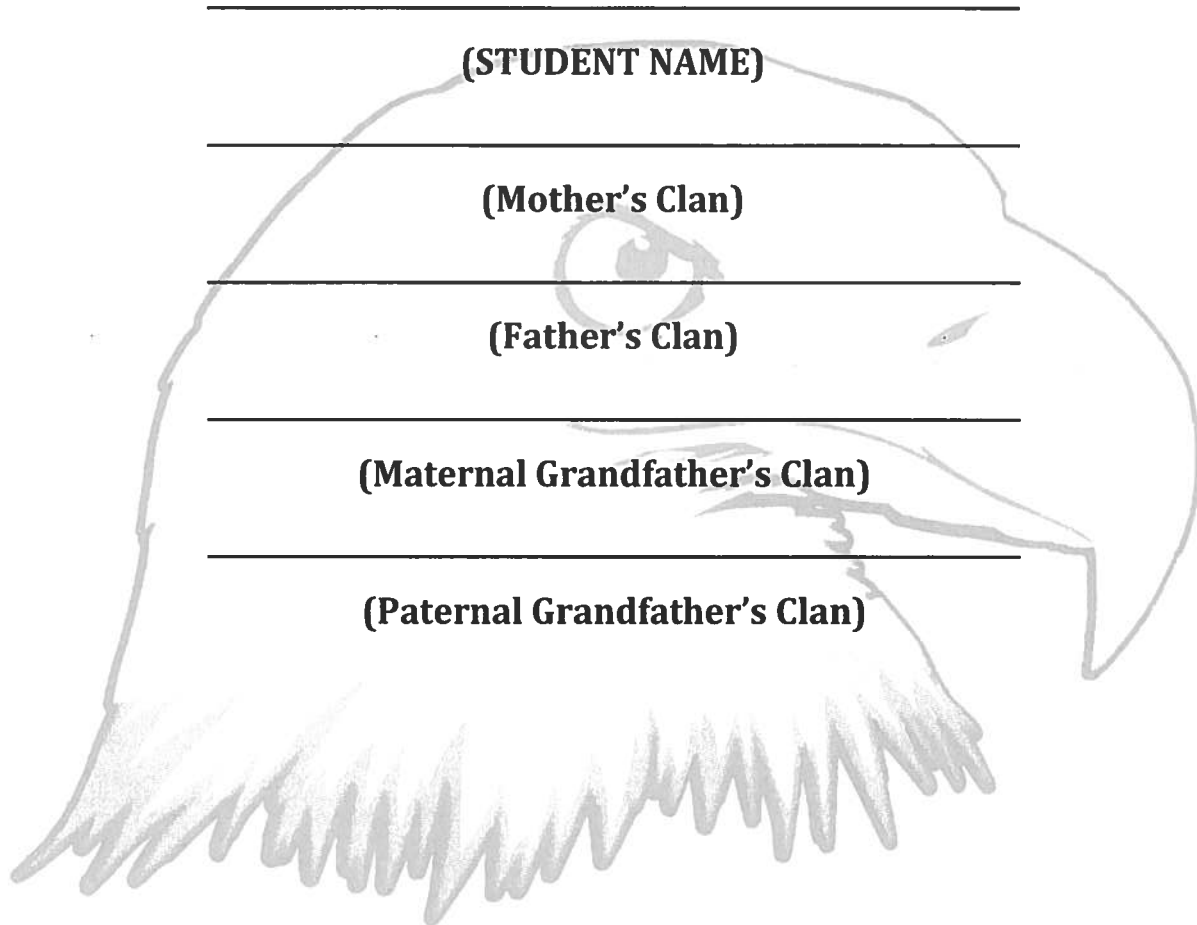
I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

NAVAJO CLAN INTRODUCTION



(STUDENT NAME)

(Mother's Clan)

(Father's Clan)

(Maternal Grandfather's Clan)

(Paternal Grandfather's Clan)

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Lukachukai Community Board of Education, Inc.
"Commitment to Children, Commitment to Progress"
Navajo Route 13 ~ P. O. Box 230
Lukachukai, Arizona 86507
Phone: (928) 787-4405/4406 Fax: (928) 787-4419



Technology Agreement and Release of Liability Form

Lukachukai Community School, Inc. (LCS, Inc) authorizes students to use technology owned or otherwise provided by the school as necessary for instructional purposes. **The use of technology is a privilege** permitted at the school's discretion and is subject to the conditions and restrictions set forth in applicable policies, administrative regulations, and this Agreement. **LCS reserves the right to suspend access at any time, without notice, for any reason.** LCS expects all students to use technology responsibly in order to avoid potential problems and liability. LCS may place reasonable restrictions on the sites, material, and/or information that students may access through the system. Each student who is authorized to use school technology and his/her parent/guardian shall sign this Agreement as an indication that they have read and understand the agreement. **LCS reserves the right to monitor and record all use of school technology**, including, but not limited to, access to the Internet or social media, communications sent or received from school technology, or other uses. Monitoring/recording may occur at any time without prior notice for any legal purposes including, but not limited to, record retention and distribution and/or investigation of improper, illegal, or prohibited activity and equipment that is provided by the school. All passwords created for or used on any school technology are the sole property of LCS. The creation or use of a password by a student on school technology does not create a reasonable expectation of privacy.

LCS technology includes, but is not limited to computers, the school's computer network including servers and wireless computer networking technology (Wi-Fi), the Internet, email, USB drives, wireless access points (routers), tablet computers, smartphones and smart devices, telephones, cellular telephones, personal digital assistants, pagers, wearable technology, any wireless communication device including emergency radios, and/or future technological innovations, whether accessed on or off site or through school-owned or personally owned equipment or devices.

Students/Parents are expected to use school technology safely, responsibly, and for educational purposes ONLY. Students shall not share their assigned online services account information, passwords, or other information used for identification and authorization purposes, and shall use the system only under the account to which they have been assigned. Since the use of school technology is intended for educational purposes, students shall not have any expectation of privacy in any use of school technology. Students are prohibited from using school technology for improper purposes, including, but not limited to, use of school technology to:

1. Access, post, display, or otherwise use material that is discriminatory, libelous, defamatory, obscene, sexually explicit, or disruptive.
2. Bully, harass, intimidate, or threaten other students, staff, or other individuals ("cyberbullying").
3. Disclose, use, or disseminate personal identification information (such as name, address, telephone number, Social Security number, or other personal information) of another student, staff member, or other person with the intent to threaten, intimidate, harass, or ridicule that person.
4. Infringe on copyright, license, trademark, patent, or other intellectual property rights
5. Intentionally disrupt or harm school technology or other school operations (such as destroying school equipment, placing a virus on school computers, adding or removing a computer program without permission from a teacher or other school personnel, changing settings on shared computers).
6. Install unauthorized software.
7. "Hack" into the system to manipulate data of the school or other users.
8. Engage in or promote any practice that is unethical or violates any law or policy, administrative regulation, or school practice
9. Parents are responsible for proper use of issued equipment, if damaged, parents must compensate the school the replacement cost of issued equipment.
10. All equipment issued to your household must be returned immediately if your child(ren) are no longer enrolled with Lukachukai Community School. An appointment will be scheduled to retrieve equipment.

If a student uses a personally owned device to access school technology, he/she shall abide by all applicable policies, administrative regulations, and this Agreement. Any such use of a personally owned device may subject the contents of the device and any communications sent or received on the device to disclosure pursuant to a lawful subpoena or public records request. If a student becomes aware of any security problem (such as any compromise of the confidentiality of any login or account information) or misuse of school technology, he/she shall immediately report such information to the teacher or other school personnel. Violations of the law, policy, or this agreement may result in revocation of a student's access to school technology and/or discipline, up to and including suspension or expulsion. In addition, violations of the law, policy, or this agreement may be reported to law enforcement agencies as appropriate.

As mandated by the federal law enacted by Congress to address concerns about access to offensive content over the Internet on school and library computers, the Children's Internet Protection Act (CIPA) was passed. Our school and library is compliant with CIPA, providing technologies that go above and beyond content filtering to ensure our children are protected.

Technology Agreement and Release of Liability Form

I am responsible for the security and care of the laptop. If items is stolen, lost or damage due to negligence or intentional misuse, the user will assume the financial responsibility for repair cost or fair market value of assessed equipment determined by the LCS, Inc IT department. I understand that all laptop computers, equipment, and/or accessories that the cooperative has provided me are the property of Lukachukai Community School. I agree to the terms outlined. I am personally responsible for any damage theft, or loss of the laptop computer and/or related equipment and accessories due to negligence. I understand that a violation of the terms and conditions set out will result in restriction and/or termination of my use of the laptop computers, equipment, and/or accessories and may result in further disciplinary actions.

Student Name: _____ Grade: _____ Student ID #: _____

LCS TAG #: _____ SERIAL #: _____

Chrome Book.....\$ 427.18

Chrome Book Charger.....\$ 20.00

HOTSPOT/WIFI

LCS TAG #: _____ SERIAL #: _____ PHONE #: _____

WI-FI Device.....\$ 89.99

WI-FI Charger.....\$ 10.00

WI-FI Sim Card.....\$10.00

All technology devices will need to be returned to LCS, Inc., before releasing any transcripts, withdrawal, and promotion certificates.

2023-2024 Application for Free and Reduced-Price School Meals

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

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: Anyone who is living with you and shares income and expenses, even if not related.
 Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals.

Child's First Name	MI	Child's Last Name	School Name	Homeless, Foster, Migrant, Runaway Child
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? Circle one: Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number: _____

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2) Write only one case number in this space.

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

Child's Name	Child GROSS Income			How often?		
	Weekly	Bi-Weekly	12x Month	Weekly	Bi-Weekly	12x Month
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. All Adult Household Members (Including yourself)
 List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	GROSS Earnings from Work			How often?			Public Assistance/ Child Support/Alimony			How often?			Pensions/Retirement/ All Other Income			How often?		
	Weekly	Bi-Weekly	12x Month	Weekly	Bi-Weekly	12x Month	Weekly	Bi-Weekly	12x Month	Weekly	Bi-Weekly	12x Month	Weekly	Bi-Weekly	12x Month	Weekly	Bi-Weekly	12x Month
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. Total Household Members (Children and Adults) _____ Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: X X X X

STEP 4 Contact information and adult signature Mail Completed Form to: (INSERT SCHOOL/DISTRICT MAILING ADDRESS) OFFICE USE ONLY

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Signature of adult completing the form _____ Today's date _____

Printed name of adult completing the form _____ Daytime Phone and Email (optional) _____

Street Address (if available) _____ Apt # _____ City _____ State _____ Zip _____

Eligibility: Free Reduced Denied _____ Date: _____

Determining Official's Signature: _____ Date: _____

Office Use Only: Eligible for Application Foster Application Directly Certified: Date of Disregard: _____

Household Size: _____ Per: OW/Week Bi-Weekly (Every 2 Weeks) 2x Month Monthly Annual

Total Income: _____ Per: OW/Week Bi-Weekly (Every 2 Weeks) 2x Month Monthly Annual

Selected For Verification: Confirming Official's Signature: _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____

Demor Phone _____

INSTRUCTIONS

Sources of Income

Sources of Income for Children	
Type of Income	Examples
Earnings from work	A child has a job where they earn a salary or wages.
Social Security - Disability payments - Survivor Benefits	A child is blind or disabled and receives Social Security benefits. A parent is disabled, retired, or deceased and their child receives social security benefits.
Income from persons <i>outside</i> the household	A friend or extended family member <u>regularly</u> gives a child spending money.
Income from any other source	A child receives income from a private pension fund, annuity or trust.

Sources of Income for Adults		
Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income
<ul style="list-style-type: none"> - Salary, wages, cash bonuses - Net income from self-employment (farm or business) <p>If you are in the U.S. Military: - Basic pay and cash bonuses (do not include combat pay, FSSA, or privatized housing allowances)</p> <ul style="list-style-type: none"> - Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> - Unemployment benefits - Workers Compensation - Supplemental Security Income (SSI) - Cash Assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits 	<ul style="list-style-type: none"> - Social Security (including railroad retirement and black lung benefits) - Private Pensions or disability - Regular income from trusts or estates - Annuities - Investment Income - Earned Interest - Rental Income - Regular cash payments from outside household

OPTIONAL

Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Ethnicity (check one):

- Hispanic or Latino Not Hispanic or Latino

Race (check one or more):

- American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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: 1. mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, S Washington, D.C. 20250-9410; 3. fax: (202) 690-7442; or 4. email: program.mtaka@usda.gov

This institution is an equal opportunity provider.