

2010 – 2011



 (Name of school)

Student(s) family name (legal last name) _____

List each student(s) by grade level who will be enrolled in this school for 2010-2011.

Year in School	Male/ Female	Last Name (name on birth certificate)	First Name, Middle Initial (name on birth certificate)	Hispanic, Latino, or Spanish origin? (yes or no)	*Race (see below)	Birth City and Country	Date of Birth	I.D.# (School Use)
PreK								
K								
1 st								
2 nd								
3 rd								
4 th								
5 th								
6 th								

Race/Ethnicity: *Select one or more races from the following racial groups and record in *Race column above:

1=American Indian or Alaska Native 2=Asian 3=Black or African American 4=Native Hawaiian or Other Pacific 5=White

Primary Guardian residing at the student's address:

Father / Mother / Step / Other Last Name _____ First Name _____

Residential Address (No PO Box) _____ Zip Code _____

Mailing Address (if different) _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____ Employer _____

For online access to student records, please provide a current email address for each parent or guardian _____

Secondary Guardian residing at the student's address:

Father / Mother / Step / Other Last Name _____ First Name _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____ Employer _____

For online access to student records, please provide a current email address for each parent or guardian _____

Parent NOT residing at the above address: Extra Mailings: Yes No E-mail address _____

Father / Mother Last Name _____ First Name _____

Address _____ City, State, Zip _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

 Student(s) live(s) with: Both parents Mother Father Stepparent Guardian Other _____

Emergency Contact Information:

Name of physician to call in case of emergency _____ Phone (____) _____

Person(s) other than physician to call in case of illness or emergency if unable to reach parent:

Name _____

Address _____ Phone (____) _____ Relationship _____

Name _____

Address _____ Phone (____) _____ Relationship _____

List all children (including preschool) in the family who are not listed in the previous table.

Please begin with the eldest child.

Legal Name (Last, First, Middle names as listed on birth certificate)	M/F	Country of Birth	Date of Birth	School Attended 2009-2010	School Attending 2010-2011

Complete if any student(s) attend(s) a daycare or preschool before/after elementary school hours:

Name _____ Daycare/Preschool _____ Phone (____) _____
 Name _____ Daycare/Preschool _____ Phone (____) _____

What school did student(s) attend during the 2009-2010 school year? School name _____ City/State _____

This section must be completed:

What language is usually spoken in the home? _____

What is the first language of the student? _____

Does either parent have a first language other than English? _____

Kansas school entry date: Month _____ Date _____ Year _____

Date of entry into United States: Month _____ Date _____ Year _____

United States school entry date: Month _____ Date _____ Year _____

Was the purpose of your move to this district to obtain employment that is agricultural or fishing related? Yes No

If yes, was the work a principle means of livelihood for the worker and his/her family? Yes No

Please list the type of health insurance plan that covers each student in the home or who is under parental care.
 (i.e., Blue Cross/Blue Shield, Aetna, Coventry, Medicaid, First Guard/HealthWave, etc.)

Student(s) Legal Name (on birth certificate)	Health Plan	ID #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If the parent or guardian requires special accommodations due to a disability, please inform the school office.

FOR SCHOOL PERSONNEL USE ONLY

Proof of Identity

Birth Certificate Number(s) _____
(child #1) (child #2) (child #3) (child #4)

If birth certificate is not available, present **one** of the following:

Drivers License (state & number) _____ School Records __ (attached ✓)
 Court Documents/Placement Agreement __ (attached ✓) Other _____ (description)

- Access to children is legally restricted.
 (Restricted access to children must be documented by a court order. A copy of such court order must be on file in the school's office.)
- Acceptable Use Policy (only forms with "declined" option selected are kept on file)
- FERPA (completed form on file, entered on Skyward)
- Field trip form (completed form on file, entered on Skyward)
- Photo permission form (completed form on file, entered on Skyward)

Lawrence Public Schools
PLEASE RETURN TO THE SCHOOL NURSE
 HEALTH HISTORY FORM FOR _____ SCHOOL YEAR

STUDENT INFORMATION

Name of Student _____ Grade _____
 Home Address _____ Home Phone _____
 Date of Birth _____ Age _____ Sex F M School last attended _____
 Mother/Guardian's Name _____ Wk # _____
 Father/Guardian's Name _____ Wk # _____
 Email address: _____
 Cell phone: Mother _____ Cell Phone: Father _____
 Student lives with ___ Both Parents ___ Mother ___ Father ___ Guardian
 Physician _____ Phone _____ Hospital _____
 Dentist _____ Phone _____

EMERGENCY CONTACTS (in cases when a Parent/Guardian cannot be reached)

1. Name _____ Hm/Cell # _____
 2. Name _____ Hm/Cell # _____

HEALTH CONDITIONS (check those that apply)

<input type="checkbox"/> ADD / ADHD	<input type="checkbox"/> Eating Disorder
<input type="checkbox"/> Allergies (Life Threatening)	<input type="checkbox"/> Endocrine Disease
<input type="checkbox"/> Allergies	<input type="checkbox"/> G.I. Disorder (Stomach / Intestinal)
<input type="checkbox"/> Arthritis / Connective Tissue	<input type="checkbox"/> Genetic Disorder
<input type="checkbox"/> Asthma / Reactive Airway	<input type="checkbox"/> Headaches Type:
<input type="checkbox"/> Behavioral / Emotional / Psychological	<input type="checkbox"/> Hearing Impaired Hearing Aid Yes No
<input type="checkbox"/> Blood Disorder	<input type="checkbox"/> High Blood Pressure
<input type="checkbox"/> Brain / CNS Disorder	<input type="checkbox"/> Musculoskeletal Disorders
<input type="checkbox"/> Cancer	<input type="checkbox"/> Prosthesis
<input type="checkbox"/> Cardiovascular (Heart / Blood Disease)	<input type="checkbox"/> Seizure Disorder
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Skin Disease
<input type="checkbox"/> Chicken Pox Date:	<input type="checkbox"/> Spina Bifida
<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Urinary / Kidney Disease
<input type="checkbox"/> Dental	<input type="checkbox"/> Visually Impaired Glasses Yes No
<input type="checkbox"/> Developmental Delay	
<input type="checkbox"/> Diabetes	
<input type="checkbox"/> Other (Please List)	

Please fully explain any answers checked above (include severity and symptoms of any allergies)

Please list any medication the student takes on a regular basis _____

Please list any other factors that the school nurse, counselor or your child's teacher(s) should know of which might affect the student's school experience _____

504 Plan on file? YES NO

I authorize school personnel to obtain emergency medical care for my child in the event I cannot be reached. If transportation by ambulance is required, this may be obtained.

 Parent/Guardian Signature

 Date

**Lawrence Public Schools
Health Services**

Health Requirements for New Students

The principal of each Lawrence Public school is responsible for enforcing the Kansas School Immunization Law (K. S. A. 725209 amended 1981). State law requires that prior to admission each student must present certification by a licensed physician or local health department showing that the student has received at least one of each of the following immunizations or is in the process of receiving immunizations against diphtheria, pertussis (up to age 7), tetanus, polio, measles, rubella and mumps. In addition, as of the 2009 – 2010 school year children entering Kindergarten are required to have three immunizations for Hepatitis B and **TWO** Varicella (chickenpox). Children entering first through ninth grades are required to have three immunizations for Hepatitis B and one Varicella (chickenpox). If your child has had the chickenpox disease we need documentation by a licensed physician. Additionally, a booster **Tdap** is required at age 11. Beginning in the 2010 – 2011 school year **ALL** students, K-12 grades, will be required to have the following additional immunizations, three immunizations for Hepatitis B and **TWO** Varicella (chickenpox), if there is no previous history of the disease. The two alternatives to immunizations that are recognized by the Kansas State Department of Health and Environment are a medical exemption endorsed in writing by a licensed physician, or a religious exemption sign by the parent or guardian.

Medical examinations: A school health assessment (“physical exam”) performed by a licensed health care provider is required for all students up to the age of 9 and under who are entering a Kansas school for the first time. This exam must have been completed by a private practitioner or at a county health department within 12 months prior to school entry. For more information or an appointment, contact the Lawrence-Douglas County Health Department at 843-0721.

If your child has not received complete immunization against the listed diseases and one of the legal alternatives is not applicable, progress toward completion must be demonstrated thirty (30) days after notification of needed immunizations. If your child has not presented a health assessment to the school upon admission, the examination must be completed within ninety (90) days after admission. Failure to present certification by a licensed physician or health department that your child has fulfilled these requirements shall be grounds for exclusion until such requirements have been satisfied.

All new students are required to submit a health history that has been completed by a parent or guardian as part of the enrollment process.

I hereby certify that I have read and understand the above school admission requirements for my child. **I also give permission for the school immunization record to be released to the Kansas Immunization Program including the immunization registry for the purpose of assessment, reporting, and prevention of disease.**

(Name of Child) (Date of Birth) (Grade)

(Parent/Guardian Signature) (Date)

Last school attended _____
School City State

Return form to School Nurse



WELCOME CENTER ~ SCHOOL FEE PAYMENT FORM

Parent/Guardian Name _____
 Home Address _____ zip _____
 Home Phone _____ Work Phone _____
 Email Address: _____

Student Name	School	Grade	Amount
Total Fees Owed			

A. KINDERGARTEN FEES-half day	
Textbook Rental	\$36.00
Instructional Materials	7.50
Activity Trip Transportation	<u>7.50</u>
TOTAL FEES	\$51.00

C. GRADES 7-12 (secondary)	
Textbook rental	\$ 72.00
Supplemental Materials	50.00
Instructional Materials	15.00
Technology Materials	10.00
Activity Trip Transportation	<u>15.00</u>
TOTAL FEES	\$ 162.00

B. GRADES K-6 (all day)	
Textbook rental	\$ 72.00
Instructional Materials	15.00
Technology Materials	10.00
Activity Trip Transportation	<u>15.00</u>
TOTAL FEES	\$ 112.00

It is possible that additional fees will be due, examples include Course Fees, Athletic Participation Fee, Yearbook Fee, etc. If applicable, they will be billed at a later date, and from the School directly

SUMMARY

TOTAL FEES	<u> </u>	Check (CK); Cash (CS); Credit Card (CC); Money Order (MO) _____
DOWN PAYMENT	_____	CHECK # _____
TOTAL PAID	_____	RECEIPT # _____
BALANCE DUE	_____	
# OF PAYMENTS PER PLAN	_____	
PAYMENT PLAN AMOUNT	_____	

**Payment Plan Options:

- | | | |
|--|---|---|
| <input type="checkbox"/> Semester (2 Pmts) | <input type="checkbox"/> Quarterly (4 Pmts) | <input type="checkbox"/> Monthly (8 Pmts) |
| 1st 9-17-10 | 1st 9-17-10 | 1st 9-17-10 5th 1-14-11 |
| 2nd 1-14-11 | 2nd 11-12-10 | 2nd 10-15-10 6th 2-11-11 |
| | 3rd 2-11-11 | 3rd 11-12-10 7th 3-11-11 |
| | 4th 4-15-11 | 4th 12-17-10 8th 4-15-11 |

Credit cards will not automatically be charged if you choose a payment plan. Card must be resubmitted for additional payments.
**** I agree to pay these payment amounts per the selected Payment Plan. Failure to do so may result in outstanding obligations being turned over to collections.**
 Signature _____ Date _____

**Due to an increase in returned checks, USD #497 will be using a check recovery company, CCM Enterprises, to collect insufficient fund checks. By law, CCM will be able to electronically debit the returned check writer's account for the amount of the check and a processing fee. The processing fee is \$30.00.*

COPY OF FREE and/or REDUCED LUNCH APPLICATION/OPTIONAL BENEFIT WAIVER APPROVAL LETTER IS REQUIRED BEFORE BENEFITS CAN BE WAIVED. WITHOUT LETTER, PAYMENT IS REQUIRED.



REQUEST FOR STUDENT RECORDS

_____ School

Date: _____

Name of Student: _____

Lawrence, KS 6604____

Current Grade Level: _____

Office: (785) 832 – _____

Date of Birth: _____

Fax: (785) 832 – _____

State Student ID: _____

Name of Person Taking Request for Student Records

RECORDS REQUESTED
FROM PREVIOUS SCHOOL:

Telephone: _____

Fax: _____

Years attended pervious school: _____ to _____

Please send the records which are checked below:

- Permanent Records
- Grades (Current Semester Grades required)
- Attendance Records
- Immunization Records
- Current Transcripts
- Discipline Records
- Special Education File
- Standardized Test Results
- Other Records: _____

I hereby authorize the disclosure of all educational, medical, and psychological information regarding the above student to go to or be received from the school indicated on this form. I understand that the information thus obtained will be treated in a confidential manner.

Parent/Legal Guardian's Signature (if required)

Date

Parent/Legal Guardian Name

Address

Telephone



PHOTO/VIDEO RELEASE

The Lawrence Public Schools may take photographs and video of students for educational/observational use and for use in school district publications, slide shows, video presentations and Web sites. It is possible that your child will be photographed and/or videotaped. The district seeks your permission to use photographs/videos that may include your child.

Student's Name: _____

School: _____

Signature of Parent or Guardian giving permission for photographs/video to be used:

We appreciate your support of our schools and thank you for your assistance in signing this photo/video release form.

SAFETY AND BEHAVIOR RULES FOR BUS RIDERS ON FIELD/ACTIVITY TRIPS

Permission to ride a bus is conditional on the pupil's good behavior and observation of the below listed rules. Any pupil who violates the rules will be reported to the building principal and could be denied permission to ride a bus on field/activity trips.

Rules for Students

1. Follow the directions of the bus driver the first time they are given.
2. At no time will a student put hands, head or other parts of their body out the window.
3. Illegal substances and/or weapons are prohibited on the bus. Do not eat, chew or drink anything on the bus. The use of any tobacco products is prohibited. Items creating potentially unsafe situations are prohibited. i.e. skateboards, glass containers, etc.
4. Students who are involved in horseplay, unruly behavior, cursing, obscene gestures or loud talking will be subject to disciplinary action.
5. Students must remain seated and facing the front of the bus until the bus reaches a complete stop.
6. To avoid slipping and falling under the vehicle, do not run to catch the bus.
7. While waiting for the bus, stay clear of the roadway to avoid being hit by passing vehicles.
8. Wait for the bus to stop before trying to board. If you must cross a road, wait for the driver to motion for you to cross. Always cross at least ten feet in front of the bus.
9. Please use the handrails when getting on or off the bus. Be extra careful when weather is wet or icy. The steps can be very slippery.
10. State regulations prohibit the transportation of any animals or insects on the bus.
11. All books and articles brought on the bus must be held in the lap. This includes musical instruments and sports equipment, etc. No objects will be permitted to block the emergency door or aisle or be placed around the driver's area. Oversized objects which require seating space will be permitted on the bus only by special permission.
12. Students will not be permitted to get off the bus at a place other than the specified stop, unless written permission is obtained through the building administrator or his/her designee and authorized by a parent or guardian.
13. Seats may be assigned to students. This is not necessarily a disciplinary action.
14. Do not throw anything out of the bus and be sure to keep your area clean.
15. Treat bus equipment with respect. Any damage may result in suspension of riding privileges until restitution is made. Restitution may be monetary and/or other disciplinary measures determined by the principal.
16. Absolute quiet at all railroad crossings is required. Your driver stops at crossings to listen for oncoming trains and your talking could drown out all warning signals.
17. Electronic equipment may be played on the bus only when the student uses headphones. Cell phones should be turned off.
18. Remember, the driver is there to ensure student safety. This is a serious responsibility. Please treat the driver with respect.

Responsibilities of Bus Drivers, Principals and Parents

1. The bus driver is responsible for the safety of students on the bus. All school bus incident reports will be referred to the respective building administrator.
2. It will be the responsibility of the First Student Branch manager and the appropriate school administrator to work with bus drivers on discipline infractions and student suspensions from school buses.
3. It is the parents'/guardian's responsibility to discuss these regulations with their children.

student's name (please print)

school

Please sign and return to the school your child currently attends.

Parent/guardian

I have reviewed and understand the responsibilities of students riding Lawrence Public School buses and agree to assume full responsibility for my child's conduct on the bus.

parent or guardian signature

address



BLANKET AUTHORIZATION TO PARTICIPATE IN FIELD TRIPS WITHIN THE LAWRENCE AREA

In connection with the educational program of USD #497, Lawrence Public Schools, we are asking for your written consent to take your child on field trips in the Lawrence area. This authorization will eliminate the need for special permission before each field trip and will assure your child an opportunity to be included in such excursions.

These field trips may be made during pleasant weather when children can walk. The field trip may require bus transportation, and on some occasions, circumstances may warrant use of private cars driven by parents.

This blanket authorization covers only the field trips in the Lawrence area. For field trips to another town or city, we shall ask your special permission and will plan far enough in advance for children and parents to take care of budgeting if any financial obligation is involved.

Name of Child:

Last

First

Middle

I give my permission for my child to go on school or classroom field trips in the Lawrence area. I acknowledge and agree that USD #497, Lawrence Public Schools, is not responsible for any medical, hospital expenses and/or charges that are incurred in the medical treatment or hospitalization of my child. If my child requires emergency medical treatment, I understand that school personnel will make a reasonable attempt to contact me to seek my permission to authorize treatment. A photocopy of this document shall have the same force and effect as the original. I release USD #497, Lawrence Public Schools, from any and all claims of liability which may arise out of any transportation provided by privately owned vehicles.

Date Signed

Signature of Parent or Guardian



STUDENT ACCEPTABLE USE POLICY (AUP)

The Lawrence Public Schools provide access for student use of computer technology for student use of the Internet and transmission of data or other information across the network infrastructure. All users must share the responsibility for seeing that our computer facilities are used in an effective, efficient, ethical and lawful manner. It is an opportunity to have access to these extraordinary resources and therefore, all users must agree that they will comply with these guidelines in accordance with KANSAS STATUTE 21-3755 and Board Policies [IIBG](#) ; [IIBGA](#).

Expectations for All Students

Students will:

- Use technology in the manner directed by building staff and administration.
- Use technology for educational purposes.
- Take care of any equipment and report damages, problems, or inappropriate materials immediately to a staff member.
- Comply with all copyright, trademarks, and license restrictions, including citing Internet sources as you would all other reference materials.

Students will not:

- Share passwords or provide personal information to non-approved online sources.
- Expect your e-mail, files, or directories to be private.
- Use technology to harass others according to Board Policy [JGECA](#).
- Download, store, distribute, or share any software or digital file (such as movies, music, or text) in violation of copyright laws.
- Intentionally access material through, or with, technology that would not be allowed for educational purposes in your school if presented in other media.
- Intentionally damage, disable, or hinder the performance (or attempt any of the previous) of any district technology system device, software, or network (inside or outside of the district).
- Access or attempt to access any system, file, directory, user account, or network to which you have not been granted access.
- Use technology in a manner that would hinder the learning environment for you or any other student.
- Install or attempt to install any software on a district owned technology device.

Additional Expectation for Students With Personally Assigned Computing Devices

Students will:

- Regularly save any information stored on a computing device to your assigned personal network storage directory.
- Expect any computing device to be regularly inspected for inappropriate material, which might include unlicensed software or inappropriate content and software. Any inappropriate content or unlicensed software will be removed.

Consequences for AUP Violations (Board Policy JDD)

- Suspension from use of district technology
- Suspension or expulsion from school
- The district may notify law enforcement agencies.
- Any consequence outlined in your school handbook.

USD497 Student Acceptable Use Policy Agreement

I understand and will abide by the above Acceptable Use Policy. I further understand that any violation of the regulations above is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school disciplinary and/or appropriate legal action taken.

I agree to the above statement.

I choose to opt out of having Internet access.

User's Full Name: _____

User's Signature: _____ Date: _____

PARENT OR GUARDIAN Signature: _____

School Year 2010-2011 Letter to Households About the Child Nutrition Program

Dear Parent/Guardian:

Your child may be eligible to receive healthy school meals at a reduced price or free. Following are questions and answers about who is eligible and how to apply.

Meal Charges	Elementary		Middle or Jr. High		High School	
	Full Price	Reduced Price	Full Price	Reduced Price	Full Price	Reduced Price
<input type="checkbox"/> Lunch	2.20	.40	2.45	.40	2.45	.40
<input type="checkbox"/> Breakfast	1.35	.30	1.50	.30	1.50	.30

1. **Do I need to fill out an application for each child?**
Use one application for all students in your household (except foster children; see instructions on page 2). Enter all required information and return the completed application to:
Determining Official: Food Services Office
Address: 110 McDonald Dr Phone: (785) 832-5000.
 2. **Who can get free meals?**
Students in households getting Food Assistance, Temporary Assistance for Families (TAF), or Food Distribution Program on Indian Reservations (FDPIR), and most foster children can get free meals regardless of your income. Also, students in your household can get free meals if your household income is within the free limits on the Federal Income Eligibility Guidelines.
 3. **Can a homeless, runaway or migrant student get free meals?**
If you have not been informed that the student will get free meals, please contact the school's Homeless Liaison or Migrant Coordinator: **Ellen Willets Phone: (785) 832-5000**
 4. **Who can get reduced price meals?**
Students in your household can get reduced price meals if your household income is within the reduced price limits on the Federal Income Eligibility Guidelines (see chart on the back of the application form).
 5. **Should I fill out an application if I received a letter this school year saying my children are approved for free meals?**
Please read the letter carefully and follow the instructions. If you have questions, contact the Determining Official:
Determining Official: Food Services Office
Address: 110 McDonald Dr Phone: (785) 832-5000
 6. **My child's application was approved last year. Do I need to fill out another one?**
Unless the school told you that your child is approved for the new school year, you must send in a new application.
 7. **I get WIC. Can my child(ren) get free meals?**
Students in households participating in WIC may be eligible for reduced price or free meals. Please fill out an application.
 8. **Will the information I give be checked?** Yes, we may ask you to send written proof.
 9. **If I don't qualify now, may I apply later?** Yes, you may apply at any time during the school year.
 10. **What if I disagree with the school's decision about my application?**
Talk to the Determining Official. You may also request a hearing by contacting the Hearing Official:
Paula Murrish, Division Director Food Services and Purchasing, 110 McDonald Dr. (785) 832-5000
 11. **May I apply if someone in my household is not a U.S. citizen?**
Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for reduced price or free meals.
 12. **Who should I include as members of my household?**
Include yourself, all children who live with you and all people living in your household, related or not (such as grandparents, other relatives, or friends).
 13. **What if my gross income is not always the same?**
List the amount that you normally get. For example, if your normal gross income is \$1,000 each month, but you missed some work last month and only got \$900, put down that you get \$1,000 per month. If you normally get overtime, include it, but only if you regularly work overtime.
 14. **We are in the military. Do we include our housing allowance as income?**
If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.
 15. **My spouse is deployed in a combat zone. Is his/her combat pay counted as income?**
Combat pay is not counted as income if it is received in addition to basic pay and it wasn't received before deployment.
 16. **My family needs more help. Are there other programs for which we can apply?**
Contact the Kansas Department of Social and Rehabilitation Services at 1-888-369-4777 or visit www.srs.ks.gov.
- If you have other questions or need help, call: (785) 832-5000
Si necesita ayuda, por favor llame al teléfono: (785) 832-5000
Si vous voudriez d'aide, contactez nous au numero: (785) 832-5000

How to Apply for Reduced Price or Free School Meals

If you are applying for a **FOSTER CHILD**, follow these instructions:

Part A: Use a separate application for each foster child.

- Check the box on line 1.
- Enter the student's first and last name, school and grade.
- If the student has zero personal use income, check the zero income box.
- If the student has personal use income, enter the amount and circle the Frequency code that shows how often the income is received.

Part B: Sign and date the form. A Social Security number is not necessary.

If your household gets **Food Assistance, TAF or FDPIR**, follow these instructions:

Part A: Enter the following information:

- Each household member's first and last name.
- Each student's school and grade.
- Food Assistance, TAF or FDPIR case number for any household member receiving benefits. A Medicaid number cannot be accepted.

Part B: Sign and date the form. A Social Security number is not necessary.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part A: Report the names and GROSS income for all household members from last month. Gross income is the amount earned BEFORE taxes and any other deductions. This is NOT the same as take-home pay. The gross amount should be listed on the pay stub.

- **Students:**
 - Enter the student's first and last name, school and grade.
 - Check the zero income box if the student has **no income**.
 - If the student has income, record the amount in the column that best describes the source of the income (i.e. Earnings from Work or Other Regular Income) and circle the Frequency code that shows how often the income is received.
- **All Other Household Members:**
 - List the first and last name of each person living in your household, related or not (such as grandparents, other relatives, or friends). Include yourself and all children living with you who are not already listed as students. Attach another sheet of paper if more space is needed.
 - Check the zero income box if the person has **no income**.
 - List the **gross income** the person earned from work and circle the Frequency code that shows how often the income is received.
 - List the amount the person got last month from other income including welfare, child support, alimony, retirement pensions, Social Security, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Circle the Frequency code that shows how often the income is received.
 - If the household has **income from self-employment** (such as from a self-owned business, farm or rental income), report net income in the Earnings from Work columns. See the back side of the application form for instructions on reporting self-employment income.
 - If the household is in the **Military Housing Privatization Initiative** or gets combat pay, do NOT include these allowances as income.
 - Check the box if this person is temporarily not working due to strike, lay-off, injury or short-term disability.

Part B: An adult household member must sign the form and list his or her Social Security number or write "NONE" if he or she does not have one.

2010-2011 Application for Child Nutrition Program Benefits

Important! Important! Carefully follow instructions. An incomplete application cannot be approved. Complete one application per foster child OR household. Return completed application to school.

A. HOUSEHOLD MEMBERS						GROSS INCOME BEFORE ANY DEDUCTIONS					
Check if Foster Child	List Names of ALL Household Members		Complete these columns ONLY for students enrolled in Lawrence Public Schools			Check if ZERO Income	Frequency: Circle ONE next to each income amount: W=Weekly, E2=Every 2 Weeks, 2M=Twice a Month, M=Monthly, Y=Yearly				Check if TEMPORARILY not working due to strike, lay-off, injury or short-term disability.
	First Name	Last Name	School Name	Grade	Food Assistance, TAF or FDPIR Case Number		Earnings from Work		Other Regular Income		
							Amount	Circle Frequency	Amount	Circle Frequency	
1. <input type="checkbox"/>						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>
2.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>
3.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>
4.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>
5.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>
6.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>
7.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>
8.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>
9.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>
10.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>

B. ADULT HOUSEHOLD MEMBER INFORMATION – Refer to the Privacy Act Statement on the reverse side of this application.

Print Name _____ Daytime Phone _____ Evening Phone _____

Address, City, State, Zip _____ Email _____

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive Federal and State funds based on the information I give; school officials may verify the information; and if I purposely give false information, my child(ren) may lose meal benefits and I may be prosecuted under applicable Federal and State criminal statutes.

Sign Here X _____ Social Security Number (SSN) _____ OR write NONE if you have no SSN Date _____

FOR SCHOOL USE ONLY. DO NOT WRITE BELOW.

<p>Application Type (check one)</p> <p><input type="checkbox"/> Total Household Income: \$ _____ Household Size: _____</p> <p>Household's Income Frequency – Circle ONE: W E2 2M M Y Multiple=Yearly</p> <p><input type="checkbox"/> Food Assistance or TAF or FDPIR</p> <p><input type="checkbox"/> Foster Child – Annual personal use income: \$ _____</p>	<p>Application Status</p> <p>Approved.....<input type="checkbox"/> Free OR <input type="checkbox"/> Reduced Price</p> <p>Temporarily Approved...<input type="checkbox"/> Free OR <input type="checkbox"/> Reduced Price Expires On: _____</p> <p>Denied<input type="checkbox"/> Income over allowed amount <input type="checkbox"/> Incomplete/missing:</p> <p>Notes: _____</p>
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Determining Official's Signature: _____ Approval/Denial Date: _____ Notification Date: _____

Processor's Initials: _____ Confirming Official's Signature (ONLY for applications to be verified): _____ Review Date: _____

Your children may qualify for reduced price or free meals if your household income falls within the limits on this chart.

Federal Income Eligibility Guidelines					
Household size	Yearly	Monthly	Twice a Month	Every 2 Weeks	Weekly
1	20,036	1,670	835	771	386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317
Each additional person:	6,919	577	289	267	134

Income from Self Employment: Self-employed persons may use income tax records for the preceding calendar year as a base to project the current year's net income, unless the current monthly income provides a more accurate measure. Report income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as interest on home payments, medical expenses, and other similar non-business deductions are not allowed in reducing gross business income. Additional income from other kinds of employment must be treated as separate and apart from the income generated or lost from your business venture. For example, if you operated a business at a net loss, but held additional employment for which a salary was received, the income for purposes of applying for reduced price or free meals would be the income from the salary only. The loss from the business cannot be deducted from a positive income earned in other employment. For purposes of this application, it is not possible to report a negative income from any business venture. The least income possible is zero (no income). The necessary information for arriving at allowable income from private business operation may be taken from your most recent U.S. Individual Income Tax Return - Form 1040. Add together the amounts reported on the following lines:

LINE 12	\$ _____	Business Income or (Loss)
LINE 13	\$ _____	Capital Gain or (Loss)
LINE 14	\$ _____	Other Gains or (Losses)
LINE 17	\$ _____	Rental real estate, royalties, partnerships, S corporations, trusts, etc.
LINE 18	\$ _____	Farm Income or (Loss)
TOTAL	\$ _____	Report yearly income in Part 1, Gross Income Before Any Deductions.

Privacy Act Statement: This explains how we will use the information you give us. 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 reduced price or free meals. You must include the Social Security number of the adult household member who signs the application. The Social Security number is not required when you apply on behalf of a foster child or you list a Food Assistance, Temporary Assistance for Families (TAF) 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 reduced price or free 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.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Waiver of Confidentiality

Lawrence Public Schools

Dear Parent/Guardian:

This form is required for fee waiver, it is not required to get reduced price or free Child Nutrition Program benefits for your children.

To save you time and effort, information about your children's eligibility for reduced price or free Child Nutrition Program benefits may be shared with other programs for which your children may qualify. For the programs listed below, we must have your permission to share your information.

- Yes, I DO want school officials to share information about my children's eligibility for Child Nutrition Program benefits to determine eligibility for the fee payment waiver.** This includes the following fees that would be applicable to your child(ren), textbook rental fee, instructional materials fee, technology fee, activity/ transportation fee, supplemental enrollment fee, participation fee, co-curricular fee.

If you are temporarily approved for Child Nutrition Program benefits, you do NOT qualify for the fee waiver.

If you checked yes to the box above, fill out the information below which will be only shared to obtain the fee waiver **(Please Print)**.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call:

Food Services Department at phone number: 832-5000

Return this form to:

Address: Food Services Office
110 McDonald Dr
Lawrence, KS 66044

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.