



Master Pupil Form

Last Name: _____ First Name: _____ Nickname: _____

Address: _____ City: _____ Zip: _____ State: _____

Date of Birth: _____ Birth Place: _____ Age: _____

Social Security Number: _____ Sex: Male ☐ Female ☐

Race: American Indian ☐ Asian ☐ African American ☐ Native Hawaiian/Pacific Islander ☐ White ☐

Ethnicity: Hispanic ☐ Non-Hispanic ☐

Current School: _____ City: _____ State: _____ Grade: _____

High School you are zoned for: _____ City: _____ State: _____

Please check the programs your child is in:

Gifted & Talented ☐ Special Education ☐ ESL/LEP/Bilingual ☐ Section 504 ☐ Migrant ☐

*If the appropriate box is not checked, your son/daughter may not receive services.

Parent/Guardian Information

Father/Guardian Name: _____ Phone: _____

Occupation: _____ Employer: _____

Email(s): _____

Mother/Guardian Name: _____ Phone: _____

Occupation: _____ Employer: _____

Email(s): _____

Emergency Information

Emergency Contact(s):

1: _____ Relationship: _____ Phone: _____

2: _____ Relationship: _____ Phone: _____

3: _____ Relationship: _____ Phone: _____

Name of person that has parental permission to pick student up:

1: _____ Relationship: _____ Phone: _____

2: _____ Relationship: _____ Phone: _____

3: _____ Relationship: _____ Phone: _____

Parent/Guardian Signature

Date

Compact of Shared Responsibilities

Students, parents, and staff all share responsibility for student learning. By reading and signing this Compact of Shared Responsibilities, we can better understand how everyone contributes to a student's success.

High Standards & Expectations

| Student | Parent/Guardian | Campus |
|--|--|--|
| <ul style="list-style-type: none"> -I will come to class on time prepared to learn on a daily basis and remain throughout the scheduled school hours. -I will take responsibility for my learning. -I will be an active learner. -I will look ahead to build and balance educational requirements and vocational opportunities | <ul style="list-style-type: none"> -I will ensure my child attends school on time every day prepared to learn and has appropriate sleep, nutrition and clothing -I will monitor homework, academic progress, and attendance -I will assist my child in setting short- and long-term goals | <ul style="list-style-type: none"> -We will provide a welcoming environment -We will set high standards for student performance -We will provide a strong academic curriculum and quality instruction |

Learning

| Student | Parent/Guardian | Campus |
|---|---|--|
| <ul style="list-style-type: none"> -I will maximize opportunities to understand material, using strategies that best support my learning style. -I will contribute my ideas and skills to my classroom, school, and community -I will apply and practice what I've learned -I will take responsibility for completing and returning my assignments on time -I will use the resources that are available to help my learning (tutoring, counseling center, etc) | <ul style="list-style-type: none"> -I will help my child capitalize on their learning style and abilities -I will offer to share appropriate skills and challenges that my child has; -I will help my child learn life skills: planning, self-sufficiency, goal-setting, and decision-making -I will support timely completion of homework and school assignments. -I will ensure that school work is top priority | <ul style="list-style-type: none"> -We will provide appropriate instruction based on the Texas State Standards, district curriculum, and student learning styles -We will make learning and enjoyable experience -We will communicate practical applications of subject material -We will hold students responsible for work completion and quality -We will take appropriate interventions and remediation to help students succeed. |

Positive School Environment

| Student | Parent/Guardian | Campus |
|---|---|---|
| <ul style="list-style-type: none"> -I will respect the personal rights and property of myself and others -I will behave responsibly and dress appropriately -I will inform an adult about bullying, harassment, and unsafe behavior. -I will know how to keep myself safe and drug-free -I will be responsible with my postings on social media -I will follow promote and follow a weapon free learning environment. | <ul style="list-style-type: none"> -I will talk with my child about respecting people and property -I will set positive behavior and attire expectations, and reinforce school policies -I will talk with my child about bullying, harassment, peer pressure, safety, and drug-free behavior -I will monitor my child's postings and remarks on social media. -I will ensure access to weapons at home is not easily accessible to my child. | <ul style="list-style-type: none"> -We will treat students and parents with respect. -We will clearly communicate school behavior expectations to students and parents -We will take steps to prevent bullying and harassment -We will promote safe and drug-free schools |

Communication

| Student | Parent/Guardian | Campus |
|---|---|--|
| <ul style="list-style-type: none"> -I will pay attention to information and seek assistance when needed -I will cooperate with everyone by conducting myself in a mature manner conveying respect to all persons -I will be a good messenger between home and school | <ul style="list-style-type: none"> -I will use information sources, (planners, newsletters, email, websites) to keep up with school issues and activities -I will talk with teachers as needed -I will participate in classroom and school activities, parent-teacher conferences, and other parent involvement activities | <ul style="list-style-type: none"> -We will maintain regular communication with parents, including student progress -We will encourage parent and student involvement in class and school activities -We will schedule and conduct regular conferences with parents/guardians |

Commitment

| Student | Parent/Guardian | Campus |
|--|--|---|
| I know that my success in school rests upon my responsibility and dedication. I agree to all of the above terms and conditions as set forth. | -I acknowledge the commitment my child has made. I support his/her efforts. I agree to all of the above terms and conditions as set forth. | -We have the goal to inspire and enable students to attain their highest potential through challenging and rewarding experiences. We agree to all of the above terms and conditions set forth |

 Student Signature

 Date

 Parent Signature

 Date

 Principal's Signature

 Date

Exhibit 1A Student/Staff Ethnicity and Race Data Questionnaire in English

Texas Education Agency Texas Public School Student/Staff Ethnicity and Race Data Questionnaire

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. *United States Federal Register (71 FR 44866)*

Part 1. Ethnicity: Is the person Hispanic/Latino? *(Choose only one)*

- ☐ **Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- ☐ **Not Hispanic/Latino**

Part 2. Race: What is the person's race? *(Choose one or more)*

- ☐ **American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- ☐ **Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **Black or African American** - A person having origins in any of the black racial groups of Africa.
- ☐ **Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Student/Staff Name (please print)

(Parent/Guardian)/(Staff) Signature

Student/Staff Identification Number

Date

This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.

Ethnicity – choose only one:

_____ Hispanic / Latino

_____ Not Hispanic/Latino

Race – choose one or more:

_____ American Indian or Alaska Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

_____ White

Observer signature:

Campus and Date:

Texas Education Agency – September 2017



DIRECTORY INFORMATION FORM

Student Name: _____

Grade: _____

I certify that I am the parent or guardian of _____, and the following are my choices regarding information related to my child. *Please indicate your choices by signing your initials on the appropriate lines.*

Directory Information:

South Texas Independent School District can release, without prior written consent from me, **MY CHILD'S NAME**, the information designated by the district as student directory information.

Select one response:

_____ YES or _____ NO

Military Recruiter/ Institution of Higher Learning:

Please initial below your choice regarding the release of specific student information to military recruiters or institutions of higher education without your prior consent.

_____ YES _____ NO: I **GRANT** the release of my child's **NAME, ADDRESS AND TELEPHONE NUMBER** to **MILITARY RECRUITERS** without my prior, written consent.

_____ YES _____ NO: I **GRANT** the release of my child's **NAME, ADDRESS AND TELEPHONE NUMBER** to **INSTITUTIONS OF HIGHER LEARNING** without my prior, written consent.

Media Permission:

_____ YES _____ NO: I hereby **GRANT** permission to use my child's name, campus, grade, hometown, picture and/or comments in materials (television, video, world-wide web, audio and printed media) used to promote school programs, recruit new students and/or dispense public information regarding South Texas ISD.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date



Official Attendance Notice

Name of Student: _____ **Grade:** _____

We value your involvement in your child's education and appreciate you recognize the importance of having your child attend school regularly for him/her to make the most of his/her education, to benefit from teacher-led activities and to build each day's learning on that of the previous days.

TEXAS EDUCATION CODE:

Compulsory School Attendance:

It is a parent's responsibility to ensure that his/her child is complying with state school attendance laws. Failure to do so could result in a criminal case being filed against the parent in Truancy Court. If a student accumulates three unexcused absences to days or parts day within a four-week period, he/she is subject to truancy prevention measures. Thereafter, additional absences resulting in 10 unexcused absences to days or parts of days within a six-month period could result in student being referred to a Truancy Court for truancy conduct.

Minimum Attendance for Class Credit or Final Grade

State law requires children to attend school each day that instruction is provided. A student in any grade level from kindergarten through grade 12 may not be given credit or a final grade for a class unless the student is in attendance for at least 90 percent of the days the class is offered.

We thank you for commitment to your child's education.

Parent Signature: _____ Student Signature: _____



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RIO GRANDE VALLEY | GRADES 6-12

REQUEST FOR FOOD ALLERGY INFORMATION

(STISD requests that the parent or guardian of each student attending any STISD school disclose the student's food allergies.)

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to STISD in order for necessary precautions to be taken.

"Severe food allergy" means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as the nature of your child's allergic reaction to the food. **Please return this form to the Nurse's Clinic. If it is not returned, there will be an understanding that your child does not have a food allergy.**

| Food: | Nature of allergic reaction to the food: |
|-------|--|
| | |
| | |
| | |

STISD will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy act and District policy.

Student Name: _____ Date of birth: _____ Grade: _____

Parent/Guardian Name (please print): _____

Work phone: _____ Home phone: _____

Parent/Guardian Signature: _____ Date: _____

Date form was received by the school: _____

Acceptable Use of Internet

You are being given access to the district's electronic communications system. With this educational opportunity comes responsibility. It is important that you read the district policy administrative guidelines and agreement form and ask questions if you need help in understanding them. Inappropriate system use will result in the loss of the privilege to use this educational tool. Please note that the Internet is a collection of many information systems. It is possible that you may run across areas of adult content and some material you (or your parents) might find objectionable. While the district will use filtering technology to restrict access to such material, it is not possible to absolutely prevent such access. It will be your responsibility to follow the rules for appropriate use.

RULES FOR APPROPRIATE USE

| | |
|--|--|
| You will have access only through your individual account | The Account is to be used mainly for identified educational purposes, but some limited personal use is permitted |
| You will be held responsible at all times for the proper use of your account, and the district may suspend or revoke your access if you violate the rules. | |

INAPPROPRIATE USES

| | |
|---|---|
| Using the system for any illegal purpose | Disabling or attempting to disable any Internet filtering device |
| Encrypting communication to avoid security review | Borrowing someone's account without permission |
| Posting personal information about yourself or others (such as addresses and phone numbers) | Downloading or using copyrighted information without permission from the copyright holder |
| Intentionally introducing a virus to the computer system | Wasting school resources through the improper use of the computer system |
| Gaining unauthorized access to restricted information or resources | Posting messages or accessing materials that are abusive, obscene, sexually oriented, threatening harassing, damaging to another's reputation, or illegal |

CONSEQUENCES FOR INAPPROPRIATE USE

Disciplinary or legal action, in accordance with the Student Code of Conduct and applicable laws.

I understand that my computer use is not private and that the district will monitor my activity on the computer system and acknowledge receipt of the districts electronic communications system policy and administrative guidelines.

Student Name _____ Grade _____ ID _____

Student Signature _____ Date _____

I have read the district's electronic communications system policy and administrative guidelines. In consideration for the privilege of my child using the district's electronic communications system, and in consideration for having access to the public networks. I hereby release the district, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my child's use of, or inability to use, the system, including, without limitation, the type of damage identified in the district's policy and administrative guidelines. I give permission for my child to participate in the district's electronic communications system and certify that the information contained on this form is correct.

Parent Name (please print) _____ Date _____

Parent Signature _____ Home Phone _____



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RIO GRANDE VALLEY | GRADES 6-12

MILITARY CONNECTED STUDENT FORM

2023-2024

***PLEASE RETURN THIS FORM TO YOUR CHILD'S CAMPUS ONLY IF YOUR CHILD MEETS
ONE OF THE CRITERIA BELOW***

In 2009 the Texas Legislature adopted the Interstate Compact on Education Opportunity for Military Students – Texas Education Code Chapter 162. This legislation requires schools to recognize and extend certain privileges to students who are military dependents and to assist military dependent students in the transition process of changing schools when their military parents are reassigned and forced to relocate.

Parent Name: _____ Signature: _____

Student Name: _____ Grade: _____

Please check one box below to indicate if your child is a dependent of a member of:

- ☐ Active Duty: Army, Navy, Air Force, Marine Corps, or Coast Guard (this includes Missing in Action, MIA)
- ☐ Texas National Guard
- ☐ Reserve Duty: Army, Navy, Air Force, Marine Corps, or Coast Guard



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PARENTAL PERMIT FOR STUDENT FIELD TRIPS

Student Name: _____ Grade: _____

_____ I do give my son/daughter permission to attend

_____ I do not give my son/daughter permission to attend

school field trips during the 2023-2024 school year. If at any time, I do not want to allow my child to attend, I will notify the campus.

Any student who has not returned this permission slip will not be able to attend school trips in the 2023-2024 school year.

I understand that all precautions will be taken to prevent any accident, and I do hereby release the South Texas Independent School District, its agents or employees from any liability resulting from an accident involving my child while on this field trip. In case of an emergency, I hereby authorize a representative of the South Texas Independent School District to seek medical attention for my child.

Parent's Name (Print)

Signature

Parent contact phone number

FAMILY SURVEY



Student Name: _____ **Grade:** _____

Dear Parents/Guardians,

In order to better serve your child, South Texas Independent School District would like to identify students who may qualify to receive additional educational services. **The information provided below will be kept confidential.** Please answer the following questions and return this survey form to your child's school.

Or, if you prefer, for more information, call: Cynthia Hernandez-Ponce at (956) 383-1684

1. Have you moved within the last 3 years?
 Yes _____ No _____
2. If yes, have you done agricultural or fishing related work since your move? (e.g. field work, canneries, lumbering, dairy work, meat processing)
 Yes _____ No _____



If you answered "yes" to both of the questions above, a school representative may contact you to find out whether your child is eligible for additional educational services. Please provide the following information:

Name of Child: _____ Age _____ Grade _____

Parent/Guardian Name: _____

Telephone Number: _____ Best Time to Contact You: _____

STUDENT EMERGENCY RECORD

Grade: _____ ID#: _____
DOB: _____



School Year: _____
Entry Date: _____

| | | | |
|----------------------|-----------------|--------------------|--------------|
| Last Name of Student | | First Name | Middle Name |
| Address | | City | Zip Code |
| Home Phone | Emergency Phone | Name | Relationship |
| Name of Father | Occupation | Business Phone | Cell Phone |
| Name of Mother | Occupation | Business Phone | Cell Phone |
| Family Physician | | Choice of Hospital | |

EMERGENCY MEDICAL AUTHORIZATION

I hereby authorize District employees to administer prescription, as well as nonprescription medication, when PROVIDED by me under the following provisions.

1. The District has received a written request to administer the medication from the parent, legal guardian or other person having legal control of the student.
2. When administering the medication, the medication must be in the original container and be properly labeled.
3. Medication obtained outside of the United States shall not be administered by district employees to students unless written authorization is on file from a physician licensed to practice in the United States.

I give authorization for the school to call the family physician and to follow the recommendations of the physician. I give authorization for an ambulance to be called, if necessary. I give authorization for another doctor to treat my child in case the family physician is not available. I give authorization for my child to be given the necessary medical attention in case the school cannot communicate with me. **I will not hold the school district financially responsible for the emergency care and/or transportation of my child.**

Parent/Guardian Signature

Date

List any medication your child is taking:

At home _____
At school _____

All medication should be brought to the clinic on arrival to school. Medication should be brought to the clinic by the parent. Parents will complete proper forms when medication is dropped off

Please Turn Over





Student Name: _____

DOB: _____ Grade: _____ ID#: _____

School Year: _____

Has your child had any of the health problems listed below? Please explain if you answer yes.

| Condition: | Yes | No | Elaboration: |
|--|-----|----|---|
| Allergy- Seasonal, Environmental, Food, medication. | | | to what? |
| ***"Severe food allergy means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medication attention. <u>If it is not listed, there will be an understanding that your child does not have any allergies.</u> *** | | | |
| <u>Life threatening allergies/reactions?</u> | | | to what? Require medication? |
| Asthma – A doctor's written authorization is required to carry and self-administer asthma medication at school. | | | Has a doctor given approval for your child to carry and self-administer the medication in school? |
| Mental/Psychological Disorders | | | If yes, what disorder? Require medication? |
| Birth defect | | | |
| Diabetes | | | |
| Chronic Ear Infection | | | Has tubes? |
| Hearing Problems | | | Hearing Aids? |
| Eye - Wears glasses or contacts? | | | |
| Other Disorders of the Eye | | | |
| Epilepsy/Seizures | | | Date of last seizure? |
| Hepatitis | | | Type: A B C |
| Kidney/Bladder Problems | | | |
| Rheumatic Fever | | | |
| Ulcers/Gastritis | | | |
| Orthopedic/Bone Problems? | | | |
| Heart Problems | | | |
| Doctor ordered restrictions? | | | |

Other Conditions or Comments: _____

Questions About Your Child and Tuberculosis (TB)

Child's Name _____ Date of Birth _____

Your Name _____

Today's Date _____

We need your help to find out if your child has been exposed to the disease tuberculosis, also known as TB.

TB is caused by germs. It is usually spread to another person by coughing or sneezing. A person can have TB germs in their body but not have active TB disease. TB can be prevented and treated. Your answers to the questions below will let us know if your child might have been exposed to TB. If your answers show your child might have picked up the TB germs, we will want to give him or her a tuberculin skin test (TST). The skin test is not a vaccination. It will not prevent TB. It will only let us know if your child has the TB germs.

| Check the box that matches your answer: | Yes | No | Do Not Know |
|---|-----|----|-------------|
| 1. Has your child been tested for TB? If yes, when? Please tell us the date ____/____/____ | | | |
| 2. Have you ever been told that your child had a positive tuberculin skin test (TST)? If yes, when? Please tell us the date ____/____/____ | | | |
| 3. TB can cause fever that can last days or weeks. It can cause weight loss, a bad cough (lasting over two weeks), or coughing up blood. | | | |
| a. Has your child been around anyone with any of these problems? | | | |
| b. Has your child been around anyone sick with TB? | | | |
| c. Has your child ever had any of these problems or do they have them now? | | | |
| 4. Was your child born in another part of the world like Mexico or Latin America, the Caribbean, Africa, Eastern Europe, or Asia? | | | |
| 5. Has your child been to Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe, or Asia for more than 3 weeks? Which country or countries did your child visit? | | | |
| 6. Do you know if your child has spent more than 3 weeks with anyone who: | | | |
| Uses needles for drug use? | | | |
| Has AIDS? | | | |
| Was or is in jail or prison? | | | |
| Has just come to the United States from another country? | | | |

FOR THE PROVIDER:

If the prior test was negative and the answer to #4 is yes, the child does not need a repeat skin test.

If the prior test was negative and occurred at least 8 weeks after the situation described in #3a, 3b, 5, or 6, the child does not need a repeat skin test.

If the prior test was positive, the child does not need a repeat skin test; but a positive answer to #3c would indicate a chest x-ray as soon as possible.

TST administered Yes____No____

If yes, Date administered____/____/____ Date read____/____/____ TST reaction_____mm

TST provider _____
Signature _____ Printed Name _____

If chest x-ray done, date _____ and results _____

Provider phone number _____ City _____ County _____

If positive, referral to local/regional health department/specialist? Yes____ No____

If yes, name of health dept./specialist _____

Contact your local or regional health department if assistance is needed.

ACKNOWLEDGMENT

Student Code of Conduct and Student Handbook Electronic Distribution

Dear Student and Parent:

As required by state law, the board of trustees has officially adopted the Student Code of Conduct in order to promote a safe and orderly learning environment for every student.

We urge you to read this publication thoroughly and to discuss it with your family. If you have any questions about the required conduct and consequences for misconduct, we encourage you to ask for an explanation from the student's teacher or appropriate campus administrator.

The student and parent should each sign this page in the space provided below, and then return the page to the student's school.

Thank you.

Dr. Marco Antonio Lara, Jr., STISD Superintendent

We acknowledge that we have been offered the option to receive a paper copy of the South Texas ISD Student Code of Conduct and Student Handbook for the 2023–2024 school year or to electronically access them on the district's website at www.stisd.net. We understand that students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the Code.

We have chosen to:

- ☐ Accept responsibility for accessing the Student Code of Conduct and the Student Handbook on the district's website.
- ☐ Receive a paper copy of the Student Code of Conduct and the Student Handbook.

Print name of student: _____

Signature of student: _____

Print name of parent: _____

Signature of parent: _____

Date: _____

School: _____

Grade level: _____

Please sign this page and return it to the student's school. Thank you.



Transportation Request Form

Will your son/daughter need transportation for the 2023-2024 school year? Yes_____ No_____

Student Name: _____ ID #: _____ Grade: _____

Home Address: _____ City: _____

Name of Parent/Guardian: _____ Ph# _____

Edinburg Pick-up locations:

Mercedes Pick-up locations:

Olmito Pick-up locations:

San Benito Pick-up locations:

If you have questions or concerns, please contact Mr. Rodolfo Hernandez, Transportation Coordinator, at rodolfo.hernandez@stisd.net or 956-514-4241 office.

2023-2024 Application for Free and Reduced-Price School Meals
Complete one application per household. Please use a pen (not a pencil).

Return to:
or Apply Online:

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12

If more spaces are needed, use the Additional Names section on the back.

Definition of Household Member:
"Anyone who is living with you and shares income and expenses, even if not related."

Children in Foster Care, Head Start, and children who meet the definition of Homeless, Migrant, or Runaway are eligible for free meals. Read the directions for more information.

| Child's First Name | MI | Child's Last Name | Student? Yes No | Grade | Head Start | Foster Child | Homeless, Migrant, Runaway |
|--------------------|----|-------------------|--------------------|-------|------------|--------------|----------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

If NO Go to STEP 3 If YES Write the Eligibility Determination Group (EDG, n/a for FDPIR) number here, then go to STEP 4 (do not complete STEP 3). EDG Number

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'YES' to STEP 2)

A. Last four digits of Social Security Number (SSN) of an Adult Household Member XXX- XX- Check if no SSN

B. Income for Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. Report the frequency by income type: W=Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually. 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. If more spaces are needed, use the Additional Names section on the back.

| Name of Adult Household Members (First & Last) | Work Earnings | Frequency | | | | | Public Assistance/ Child Support/Alimony | Frequency | | | | | Pensions/Retirement/ Social Security/SSI/ VA Benefits/All Other | Frequency | | | | |
|---|---------------|-----------|---|---|---|---|---|-----------|---|---|---|---|---|-----------|---|---|---|---|
| | | W | E | T | M | A | | W | E | T | M | A | | W | E | T | M | A |
| | \$ | | | | | | \$ | | | | | | \$ | | | | | |
| | \$ | | | | | | \$ | | | | | | \$ | | | | | |
| | \$ | | | | | | \$ | | | | | | \$ | | | | | |
| | \$ | | | | | | \$ | | | | | | \$ | | | | | |

C. Income for Children in the Household

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Child Household Members listed in STEP 1 here. If applicable, include income from additional children listed on back. Income frequency conversion key provided on back.

Total Child Income

D. Total Household Members (Children & Adults)

STEP 4 Contact information and adult signature.

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

Street address (if available) Apt # City State Zip code Daytime phone and email (optional)

Printed name of adult signing the form Signature of adult Today's date

ADDITIONAL NAMES

List any additional **child** household members not listed in STEP 1.

| Child's First Name | MI | Child's Last Name | Student? | | Grade | Check any that apply | Head Start | Foster Child | Homeless, Migrant, Runaway |
|--------------------|----|-------------------|----------|----|-------|----------------------|------------|--------------|----------------------------|
| | | | Yes | No | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

List any additional **adult** household members not listed in STEP 3. Report the frequency by income type: W=Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually

| Name of Adult Household Members (First & Last) | Work Earnings | Frequency | | | | | Public Assistance/ Child Support/Alimony | Frequency | | | | | Pensions/Retirement/ Social Security/SSI/ VA Benefits/All Other | Frequency | | | | | |
|---|---------------|-----------|---|---|---|---|---|-----------|---|---|---|---|---|-----------|---|---|---|---|--|
| | | W | E | T | M | A | | W | E | T | M | A | | W | E | T | M | A | |
| | \$ | | | | | | \$ | | | | | | \$ | | | | | | |
| | \$ | | | | | | \$ | | | | | | \$ | | | | | | |
| | \$ | | | | | | \$ | | | | | | \$ | | | | | | |

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, audiotope, 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/ad-3027.pdf> and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

DO NOT COMPLETE. This section for school use only.

Annual Income Conversion: weekly x 52, every two weeks x 26, twice a month x 24, monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

| Household Size | Total Income | Frequency | Date Received | Date Withdrawn | | | | | | | | | | |
|---------------------------|--------------|--|---------------------------------|----------------|---|---|---|--|--|--|--|--|--|------|
| | | <table><tr><td>W</td><td>E</td><td>T</td><td>M</td><td>A</td></tr><tr><td colspan="5"></td></tr></table> | W | E | T | M | A | | | | | | Reviewing/Determining Official's Signature | Date |
| W | E | T | M | A | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Categorical Determination | | Free Reduced Denied | Confirming Official's Signature | Date | | | | | | | | | | |
| | | | | | | | | | | | | | | |

Instructions for Applying for Free and Reduced-Price School Meals, 2023-2024

Please use these instructions to complete the free or reduced-price school meals application. Submit one application per household, even if the children in the household attend more than one school in South Texas ISD. Please use a **pen** (not a pencil) when completing the application. The application must be filled out completely in order for the school to make a determination if the children in your household qualify for free or reduced-price school meals. **An incomplete application cannot be approved.** Please contact Child Nutrition Department (956) 514-4230 with your questions.

Step 1: List All Household Members Who Are Infants, Children, And Students Up to and Including Grade 12.

- List each child's name.
 - Print first name, middle initial, and last name for each child in the household in the spaces. If there are more children than lines, use the back of the application to record additional names.
 - Include all household members who are age 18 or under and are supported with the household's income including children who are not enrolled in the district. Children do NOT have to be related to anyone in the household to be a part of the household.
- Mark the box following the child's name to show if the child is a student in the South Texas ISD District.
- Record the child's grade if the child is in school.
- Check the appropriate box if a child qualifies for free meals as participant in the foster care system, Head Start (including Early Head Start) or if a child meets the criteria for homeless, migrant, or runaway.
Checking Foster indicates that a foster care agency or court has placed the child in your home. If the application is being submitted for foster children only, complete Step 1, skip Steps 2-3, and complete Step 4.

Step 2: Participating in a Categorical Eligibility Program

- Do any household members (including you) currently participate in SNAP, TANF, and/or FDPIR?
 - If a child or adult in the household participates in Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance to Needy Families (TANF), record the Eligibility Determination Group (EDG) number in the space.
 - If a child or adult in the household is a participant in Food Distribution Program for Households on Indian Reservations (FDPIR), circle YES to indicate participation. The South Texas ISD will contact you to obtain documentation of FDPIR participation.
- If the students in the household are eligible based on SNAP, TANF, or FDPIR, skip Steps 3, and complete Step 4.
- If any children in the household are participants in one of the following programs—*Foster, Head Start, Homeless, Migrant, or Runaway*, skip Steps 3 and complete Step 4.

Step 3: Report Income for All Household Members

Part A. Last Four Digits of Social Security Number (SSN) of an Adult Household Member

- Provide the last four digits of the Social Security number (SSN) of an adult in the household or check the box for no SSN. A social security number is not required to apply for these programs.

Part B. Income for All Adult Household Members (including yourself)

- Record the first and last name of each adult in the household in the space provided.
 - If there are more adults in the household than available spaces, use the back of the application.
 - Include all adults living in the household that share income and expenses, even if the adult is not related to anyone in the household and does not receive any income. Do not include adults that are not supported by the household's income and do not contribute income to the household.
- Record the amount of income the adult receives under the type of income: Working Earnings; Public Assistance/Child Support/Alimony; Pensions/ Retirement/Social Security/Supplemental Security Income (SSI); and All Other.
 - Report all amounts in gross income only and in whole dollars. Gross income is the total income received before taxes or deductions. Ensure that the income reported has not been reduced by the amounts deducted for taxes, insurance premiums, or any other purpose. The Adult Income Information Box (next page) provides additional information on the types of income that need to be reported. Foster children may be included as a member of the household or may be included on a separate application.
 - Write a 0 in any field where there is no income to report. If you write 0 or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that the household income was reported incorrectly, the application will be verified for cause.
 - Select how often each type of income is received (frequency).
W = Weekly, E = Every 2 Weeks, T = Twice per Month, M = Monthly, A = Annually

Adult Income Information

Earnings from Work

General Types of Income

- Salary, wages, cash bonuses
- Strike benefits

U.S. Military

- Allowances for off-base housing, food, and clothing
- Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)

Self-Employed Worker

- Net income from self-employment (farm or business)—calculated by subtracting the total operating expenses of the business from its gross receipts or revenue.

Public Assistance/ Child Support/ Alimony

(Do not report the value of any cash value public assistance benefits NOT listed on the chart.)

- Alimony payments
- Cash assistance from State or local government
- Child support payments from court-ordered child support or alimony decree should be reported here. Informal but regular payments should be reported as *other* income in the next part.
- Unemployment benefits
- Worker's compensation

Pensions/Retirement/ Supplemental Security Income (SSI)

- Annuities
- Income from trusts or estates
- Private Pensions or disability
- Social Security (including railroad retirement and black lung benefits)
- Supplemental Security Income (SSI)
- Veteran's benefits

All Other Income

Part C. Income for Children in the Household

- Record total income **for all children in the household who receive regular income** by how often income is received (frequency). *The Child Income Information Box (below) provides additional information on the types of income that needs to be reported for children in the household.*
- Do not annualize income to determine eligibility unless more than one income frequency is listed.
Annual Income Conversion: weekly x 52, every two weeks x 26, twice a month x 24, monthly x 12.

Child Income Information

Earnings from Work

For Example: A child has a job where she or he earns a salary or wages.

Social Security, Disability Payments

For Example: A child is blind or disabled and receives Social Security benefits.

Social Security, Survivor's Benefits

For Example: A parent is disabled, retired, or deceased, and their child receives social security benefits.

Income from any other source

Part D. Total Household Members

- Record the total number of children and adults in the household in the appropriate box. This number **MUST** be equal to the number of household members listed in Step 1 and Step 3. It is very important to list all household members as the size of the household determines the household eligibility.

Step 4: Provide Contact Information and Adult Signature

- Read the certification statement.
- Write your current address and contact information in the space provided. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you. *If you have no permanent address, this does not make your children ineligible for free or reduced-price school meals.*
- Print the name of the adult signing the form, sign the form, and record today's date in the appropriate spaces.
- All applications must be signed by an adult household member. *By signing the application, the household member is promising that all information has been truthfully and completely reported. Before completing this section, please read the privacy and civil rights statements on the back of the application.*

MUTLI-USE APPLICATION – Step 5 (Optional): Sharing Information with Other Programs

- *Completing this section will not change whether your children are eligible for free and reduced-price meals.*
- To provide your permission to share household information provided on the application with other programs, you **MUST** select/circle the program(s) or benefit(s) from the list.

NONPUBLIC SCHOOL APPLICATION – Step 5 (Optional): Race and Ethnicity

- *Completing this section is optional and does not affect your children's eligibility for free or reduced-price meals.*
- Select the child's ethnicity (select only one option)
- Select the child's race (select all that apply)

Return the Application

- Return the application to South Texas ISD: 7001 E. Expressway 83 Mercedes TX 78570 .

| Income Eligibility Guidelines | | | | | | | | | | |
|-------------------------------|----------|----------|---------|---------|---------------|---------|-----------|---------|--------|---------|
| Household Size | Annual | | Monthly | | Twice-Monthly | | Bi-Weekly | | Weekly | |
| | Free | Reduced | Free | Reduced | Free | Reduced | Free | Reduced | Free | Reduced |
| 1 | \$18,954 | \$26,973 | \$1,580 | \$2,248 | \$790 | \$1,124 | \$729 | \$1,038 | \$365 | \$519 |

| | | | | | | | | | | |
|------------------------------|----------|----------|---------|---------|---------|---------|---------|---------|---------|---------|
| 2 | \$25,636 | \$36,482 | \$2,137 | \$3,041 | \$1,069 | \$1,521 | \$986 | \$1,404 | \$493 | \$702 |
| 3 | \$32,318 | \$45,991 | \$2,694 | \$3,833 | \$1,347 | \$1,917 | \$1,243 | \$1,769 | \$622 | \$885 |
| 4 | \$39,000 | \$55,500 | \$3,250 | \$4,625 | \$1,625 | \$2,313 | \$1,500 | \$2,135 | \$750 | \$1,068 |
| 5 | \$45,682 | \$65,009 | \$3,807 | \$5,418 | \$1,904 | \$2,709 | \$1,757 | \$2,501 | \$879 | \$1,251 |
| 6 | \$52,364 | \$74,518 | \$4,364 | \$6,210 | \$2,182 | \$3,105 | \$2,014 | \$2,867 | \$1,007 | \$1,434 |
| 7 | \$59,046 | \$84,027 | \$4,921 | \$7,003 | \$2,461 | \$3,502 | \$2,271 | \$3,232 | \$1,136 | \$1,616 |
| 8 | \$65,728 | \$93,536 | \$5,478 | \$7,795 | \$2,739 | \$3,898 | \$2,528 | \$3,598 | \$1,264 | \$1,799 |
| For each add. person, add | +\$6,682 | +\$9,509 | +\$557 | +\$793 | +\$279 | +\$397 | +\$257 | +\$366 | +\$129 | +\$183 |

*The **income eligibility guidelines** (right) are based on 130% (free) and 185% (reduced) of the federal poverty guidelines and are effective July 1, 2023 – June 30, 2024.*