

"NEW" Registration Check List

Whitney Elementary School

Student Name	Date of Birth	City/Town of Birth	Grade Level
* Registration Form	Y N	Student Project/Photo Release	Y N
Home Language Survey (new students)	Y N	Directory Information	Y N
		Transportation Guidelines	Y N
Ethnicity / Race Questionnaire (new students)	Y N	Socioeconomic Form (PreK Only)	Y N
Special Programs Form	Y N	Lunch Form (if applicable)	Y N
Family Survey	Y N	* Medical Information Form	Y N
Residency Questionnaire	Y N	* Birth Certificate	Y N
Court Documentation Notice	Y N	* Social Security Card	Y N
Attendance Policy	Y N	* Person Enrolling DOB	Y N
Permission to Ride School Bus	Y N	* Proof of Residency (utility bill with physical address)	Y N
Technology Forms	Y N		
Handbook Acknowledgment	Y N	* Shot Records	Y N
Military Form (if applicable)	Y N		
		<u>For School Use Only:</u>	
		Records Requested	Y N
* Required Documents		WISD Previously	Y N

Reviewed By _____ Date _____

Whitney Elementary Registration Form for School Year 2023 - 2024

Campus Name: Whitney Elementary

Campus Phone: (254) 694-3456

Campus Fax: (254) 694-2059

STUDENT INFORMATION

<u>Local ID</u>	<u>Student Name</u>	<u>Grade Level</u>	<u>Orig Entry Dt</u>	<u>Track</u>	<u>SSN</u>	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Pacific Islander
						<input type="checkbox"/> White	<input type="checkbox"/> Black
						<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian
<u>Gender</u>	<u>Date of Birth</u>	<u>Birth Place</u>	<u>Age (Sept 1st)</u>	<u>Texas Unique ID</u>	<u>Student Home Phone:</u> _____		
<u>Mailing Address:</u> _____					<u>Student Cell Phone:</u> _____		
<u>Student Email:</u> _____					<u>Will your child be using bus transportation to get to school?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No		

PARENT INFORMATION

<u>1. Guardian:</u> _____ <u>Relation:</u> _____	<u>2. Guardian:</u> _____ <u>Relation:</u> _____
<u>Address:</u> _____	<u>Address:</u> _____
<u>City, St, Zip:</u> _____	<u>City, St, Zip:</u> _____
<u>Employer:</u> _____	<u>Employer:</u> _____
<u>Cell Ph:</u> _____ <u>Home Ph:</u> _____ <u>Bus Ph:</u> _____	<u>Cell Ph:</u> _____ <u>Home Ph:</u> _____ <u>Bus Ph:</u> _____
<u>Other Ph:</u> _____ <u>Phone Pref:</u> <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other	<u>Other Ph:</u> _____ <u>Phone Pref:</u> <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other
<u>Receive Mailouts:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Language Pref:</u> <input type="checkbox"/> English <input type="checkbox"/> Spanish	<u>Receive Mailouts:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Language Pref:</u> <input type="checkbox"/> English <input type="checkbox"/> Spanish
<u>Emergency Contact:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Email:</u> _____	<u>Emergency Contact:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Email:</u> _____
<u>Svc Branch:</u> _____ <u>Rank:</u> _____ <u>Enrolling Person:</u> _____	<u>Svc Branch:</u> _____ <u>Rank:</u> _____ <u>Enrolling Person:</u> _____
<u>Right to Transport:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Driver License #:</u> _____ <u>State:</u> _____	<u>Right to Transport:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Driver License #:</u> _____ <u>State:</u> _____
<u>Vehicle Make:</u> _____ <u>Model:</u> _____ <u>Color:</u> _____	<u>Vehicle Make:</u> _____ <u>Model:</u> _____ <u>Color:</u> _____
<u>Vehicle Plate #:</u> _____ <u>State:</u> _____	<u>Vehicle Plate #:</u> _____ <u>State:</u> _____

EMERGENCY CONTACT INFORMATION

<u>1. Name:</u> _____ <u>Relation:</u> _____ <u>Cell Ph:</u> _____ <u>Home Ph:</u> _____ <u>Bus Ph:</u> _____	<u>Other Ph:</u> _____ <u>Phone Pref:</u> <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other <u>Right to Transport:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Driver License #:</u> _____ <u>State:</u> _____
<u>Vehicle Make:</u> _____ <u>Model:</u> _____ <u>Color:</u> _____ <u>Plate #:</u> _____ <u>State:</u> _____	
<u>2. Name:</u> _____ <u>Relation:</u> _____ <u>Cell Ph:</u> _____ <u>Home Ph:</u> _____ <u>Bus Ph:</u> _____	<u>Other Ph:</u> _____ <u>Phone Pref:</u> <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other <u>Right to Transport:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Driver License #:</u> _____ <u>State:</u> _____
<u>Vehicle Make:</u> _____ <u>Model:</u> _____ <u>Color:</u> _____ <u>Plate #:</u> _____ <u>State:</u> _____	
<u>Doctor:</u> _____ <u>Bus Ph:</u> _____ <u>Dentist:</u> _____ <u>Bus Ph:</u> _____	
<u>Hospital:</u> _____ <u>Bus Ph:</u> _____ <u>Other Medical:</u> _____ <u>Bus Ph:</u> _____	
<u>List any Allergies or Health Concerns:</u> _____	

SIBLING INFORMATION

Brothers/Sisters	Grade	School	Brothers/Sisters	Grade	School
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

BUS INFORMATION

<u>Eligible:</u> _____	<u>Seat:</u> _____	<u>Special Requirements</u>
<u>Route:</u> _____	<u>Run:</u> _____	<u>Transportation:</u> _____
<u>Pickup Stop:</u> _____	<u>Dropoff Stop:</u> _____	<u>Special Seating:</u> _____
<u>Pickup Assigned:</u> _____	<u>Dropoff Assigned:</u> _____	<u>Wheelchair:</u> _____
<u>Pickup Route:</u> _____	<u>Dropoff Route:</u> _____	

The above information is required for a permanent school record of your child and will be used by school personnel. Presenting false documents, records or information is a violation of state law and may subject you to tuition cost for your child. I certify that the information given above is correct. I authorize the school to contact the person named on this form and the above named physician to render such treatment as may be necessary in an emergency of said child. In the event parents, physician, or other persons named cannot be contacted, school officials are hereby authorized to take whatever action is necessary in their judgment for the health of the above child. I will not hold the school district financially responsible for emergency care and/or transportation.

Parent or Guardian Signature _____ Date of Birth _____ Date _____

(For Office Use Only)

<u>Teacher Name:</u> _____	<u>Control Nbr:</u> _____	<u>Eligibility Code:</u> _____
<u>Birth Certificate on File:</u> _____ <u>Mil Conn:</u> _____ <u>Foster Care:</u> _____	<u>Immunization on File:</u> _____	<u>Title I:</u> _____
<u>Soc Sec Copy on File:</u> _____ <u>At Risk:</u> _____ <u>Migrant:</u> _____	<u>Hm Lng:</u> _____	
<u>Gift:</u> _____ <u>LEP:</u> _____ <u>BIL:</u> _____ <u>ESL:</u> _____ <u>Par Per:</u> _____	<u>Econ:</u> _____	<u>Special Education: Prim:</u> _____ <u>Sec:</u> _____ <u>Tert:</u> _____ <u>Multi:</u> _____

WHITNEY ISD

HOME LANGUAGE SURVEY--19 TAC Chapter 89, Subchapter BB, §89.1215
(Home Language Survey applicable ONLY if administered for students enrolling in pre-kindergarten through grade 12)

TO BE COMPLETED BY PARENT OR GUARDIAN FOR STUDENTS ENROLLING IN PREKINDERGARTEN THROUGH GRADE 12: The state of Texas requires that the following information be completed for each student who enrolls in a Texas public school for the first time. It is the responsibility of the parent or guardian, not the school, to provide the language information requested by the questions below.

Dear Parent or Guardian:

To determine if your child would benefit from Bilingual and/or English as a Second Language program services, please answer the two questions below.

If either of your responses indicates the use of a language other than English, then the school district must conduct an assessment to determine how well your child communicates in English. This assessment information will be used to determine if Bilingual and/or English as a Second Language program services are appropriate and to inform instructional and program placement recommendations. If you have questions about the purpose and use of the Home Language Survey, or you would like assistance in completing the form, please contact your school/district personnel.

For more information on the process that must be followed, please visit the following website: <http://web.esc20.net/LPAC-Interactive/InteractiveFlowchart-EN.htm>.

This survey shall be kept in each student's permanent record folder.

NAME OF STUDENT: _____

STUDENT ID#: _____

ADDRESS: _____

TELEPHONE #: _____

CAMPUS: _____

NOTE: PLEASE INDICATE ONLY ONE LANGUAGE PER RESPONSE.

1. What language is spoken in the child's home most of the time? _____
2. What language does the child speak most of the time? _____

Signature of Parent/Guardian

Date

NOTE: If you believe you made an error when completing this Home Language Survey, you may request a correction, in writing, only if: 1) your child has not yet been assessed for English proficiency; and 2) your written correction request is made within two calendar weeks of your child's enrollment date.

WHITNEY ISD

Cuestionario sobre el idioma que se habla en el hogar

19 TAC Chapter 89, Subchapter BB §89.1215

DEBE DE COMPLETARSE POR EL PADRE O TUTOR PARA ESTUDIANTES QUE CURSEN DESDE PREKINDER HASTA EL OCTAVO GRADO: (O POR EL ESTUDIANTE SI CURSA GRADOS DEL 9-12): El estado de Texas requiere que la siguiente información sea completada para cada estudiante que se matricula por primera vez en una escuela pública de Texas. Es la responsabilidad del padre o tutor, no de la escuela, proporcionar la información del idioma requerida por las

Querido padre o tutor:

Para determinar si su hijo(a) se beneficiara de los servicios de los programas bilingües y/o de inglés como segundo idioma, por favor responda las dos preguntas siguientes.

Si cualquiera de sus respuestas indica el uso de un idioma que no sea inglés, entonces el distrito escolar debe realizar una evaluación para determinar que tanto se comunica su hijo(a) en inglés. Esta información resultante de la evaluación se usará para determinar si los servicios de programas bilingües y/o de inglés como segundo idioma son apropiados e informará las recomendaciones en cuanto a la instrucción y la asignación del programa. Una vez completada la evaluación de su hijo(a), no se permitirán cambios a las respuestas en el cuestionario. Si tiene preguntas sobre el propósito y el uso del cuestionario sobre el idioma que se habla en el hogar, o si necesita ayuda para completar el cuestionario, por favor comuníquese con el personal del distrito escolar.

Para más información sobre el proceso que debe seguirse, por favor visite el siguiente sitio web: <https://web.escc.net/LPAC-Interactive/InteractiveFlowchart-EN.htm>.

Este cuestionario se deberá archivar en el expediente permanente del estudiante.

NOMBRE DEL ESTUDIANTE: _____ **ID#:** _____

DIRECCIÓN: _____ **TELÉFONO:** _____

ESCUELA: _____

Nota: Indique sólo un idioma por respuesta.

1. ¿Qué idioma se habla en la casa de su hijo(a) la mayoría del tiempo? _____
2. ¿Qué idioma habla su hijo(a) la mayoría del tiempo? _____

Firma del padre o tutor _____ **Fecha** _____

NOTA: Si cree que comete un error al completar este cuestionario sobre el idioma que se habla en el hogar, puede solicitar una corrección, por escrito, solo si: 1) su hijo(a) aún no ha sido evaluado para el dominio del inglés; y 2) su solicitud de corrección por escrito se realiza dentro de las dos semanas calendario posteriores a la fecha de inscripción de su hijo(a).

LPAC FRAMEWORK MANUAL 2018-2019

Texas Education Agency

WHITNEY ISD

**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:

WHITNEY ISD

Agencia de Educación de Texas
 Cuestionario de Información de Datos Raciales y de Etnicidad de Estudiantes/Miembros de Personal de las Escuelas Públicas de Texas

El Departamento de Educación de Estados Unidos (USDE) requiere que todas las instituciones estatales y locales de educación, recopilen datos sobre etnicidad y raza de los estudiantes y de miembros de personal. Esta información es utilizada para los reportes estatales y federales así como para reportar a la Oficina de Derechos Civiles (OCR) y a la Comisión de Igualdad en el Empleo (EEOC).

Al personal del distrito escolar y los padres o representante legal de estudiantes que deseen matricularse en la escuela, se le requiere proporcionar esta información. Si usted rehúsa proporcionarla, es importante que sepa que el USDE requiere que los distritos escolares usen la observación para identificación como último recurso para obtener estos datos utilizados para reportes federales.

Favor de contestar ambas partes de las siguientes preguntas sobre la etnicidad y raza del estudiante así como del miembro de personal. Registro Federal de Estados Unidos (71 FR 44866).

Parte 1. Etnicidad: ¿Es la persona Hispana/Latina? (Escoja solo una respuesta)

- Hispano/Latino** – Una persona de origen cubano, mexicano, puertorriqueño, centro o sudamericano o de otra cultura u origen español, sin importar la raza.
- No Hispano/Latino**

Parte 2. Raza. ¿Cuál es la raza de la persona? (Escoja uno o más de uno)

- Indio Americano o Nativo de Alaska** – Una persona con orígenes o de personas originarias de Norte y Sudamérica (incluyendo América Central), y que mantiene lazos o apego comunitario con una afiliación de alguna tribu.
- Asiático** – Una persona con orígenes o de personas originarias del Lejano Este, Sureste de Asia o el subcontinente indio, incluyendo, por ejemplo a Cambodia, China, India, Japón, Corea, Malasia, Pakistán, las Islas Filipinas, Tailandia y Vietnam.
- Negro o África-Americano** – Una persona con orígenes de cualquier grupo racial negro de África.
- Nativo de Hawai u otras islas del pacífico** – Una persona con orígenes o de personas originarias de Hawai, Guam, Samoa u otras Islas del Pacífico.
- Blanco** – Una persona con orígenes de personas originarias de Europa, el Medio Este o el Norte de África.

Nombre del Estudiante/Miembro de Personal legal) (por favor use letra de imprenta)

Firma (Padre/Representante)/(Miembro de personal)

Número de Identificación del Estudiante/Miembro del personal

Fecha

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:



WHITNEY ELEMENTARY SCHOOL

Phone (254) 694- 3456 FAX (254) 694-2059
Amber Seely - Principal

Grade: _____ Prior School: _____
Student's Full Name: _____
Home Telephone: _____

Please select any program which may apply to your child:

- | | |
|--|--|
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Speech Services |
| <input type="checkbox"/> 504 | <input type="checkbox"/> Dyslexia |
| <input type="checkbox"/> ESL | <input type="checkbox"/> Gifted and Talented |

Has your child ever repeated a grade? _____ If so, which grade? _____

Has your child ever performed unsatisfactorily on a state assessment instrument, including STAAR, or a readiness test? _____ If so, which test?

In the previous school year, or the current school year, has your child been expelled or placed in an alternative education program (AEP)? _____

In the last year, has your child been referred to the Department of Protective and Regulatory Services (CPS), or is he/she in the custody of the Department of Protective and Regulatory Services? _____

In the previous school year or current school year, has your child resided in a residential placement facility? This includes: detention facilities, substance abuse treatment facilities, emergency shelters, psychiatric hospitals, halfway houses, or foster group homes?
_____ If so, which one? _____

Is your child homeless? _____ If yes, see counselor

Has either of the child's parents been incarcerated in a federal or state prison? _____



Whitney ISD
Family Survey
2023-2024



In order to better serve your child/children, the school district would like to identify students who may qualify to receive additional educational services. The information provided will be kept confidential.

Please print and return form to school office:

Campus: _____ Date: _____
 Student Name: _____ Grade: _____
 Father/Guardian: _____ Mother/Guardian: _____
 Father's Place of Employment: _____ Mother's Place of Employment: _____
 Home Address: _____ City: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____

Please answer the following questions:

1. Within the past 3 years, have you moved from one city, state, or school district to another?
 Yes No
2. If yes, did you or your child move/leave in order to work in **agriculture or fishing** (temporary or seasonal)?
 (By checking yes, you are stating that you have worked in agricultural or fishing work within the last 36 months).
 Yes No

If you answered YES to question 2, please check all that apply.



Working with fruits, vegetables, cotton, wheat, grain, agricultural farms, fields or vineyards



Working in a cannery



Working on a dairy farm. Working on a ranch-feeding livestock, clearing fields or building fences for livestock



Working in a slaughter House-packaging and Cutting meat



Working in a plant nursery, orchard, growing or harvesting trees or picking pecans



Working in a fishery



Working on a poultry farm

Other similar work, please explain:

For more information, please contact Migrant Service Coordinator: **Melissa Vega** 254-297-1253



Whitney ISD
Encuesta de Familia
2023-2024



Con el fin de servir mejor a sus hijos, el distrito escolar le gustaría identificar a los estudiantes que califican para recibir servicios educativos adicionales. La información se mantendrá confidencial.

Por favor escriba con letra de molde y devuelva esta encuesta a la oficina de la escuela:

Fecha: _____
 Nombre del Estudiante: _____ Grado: _____
 Padre/Guardián: _____ Madre/Guardián: _____
 Empleo del Padre: _____ Empleo de la Madre: _____
 Dirección de Casa: _____ Ciudad: _____ Código Postal: _____
 Teléfono de Casa: _____ Teléfono Celular: _____ Teléfono del Trabajo: _____

Por favor, conteste las siguientes preguntas:

- ¿En los últimos 3 años se ha movido de una ciudad, Estado o de un distrito escolar a otro?
 Sí No
- Si la respuesta es SI, ¿usted o sus hijos se movieron a fin de trabajar o buscar trabajo **en la agricultura o la pesca** (ya sea temporalmente)? ¿Dentro de los últimos 36 meses?
 Sí No

Si usted contesto **SI** a la pregunta 2, por favor marque la(s) que aplique(n).



Trabajando con frutas, verduras, algodón, trigo, grano, granjas agrícolas, campos o viñeras



Trabajando en fábrica de conservas



Trabajando en lechería, trabajo de Rancho- alimentando animales, limpiando campos, construyendo cercas para ganado



Trabajando en una matanza
Empacando y cortando carne



Trabajando en guardería de plantas o cultivo de árboles o recogiendo nueces



Trabajando en la pesca



Trabajando en una granja de pollos

Otros trabajos similares, por favor expliquen:

Para más información, póngase en contacto con el Coordinador de servicios migratorios: **Melissa Vega 254-297-1253**



Whitney Independent School District

Student Residency & Foster Care Questionnaire

This questionnaire is intended to address the McKinney-Vento Homeless Education Act 42 U.S.C. 11434a(2) and legislation requiring schools to collect data as to the foster care status of all students. The answers to this residency information will help to determine the services the student may be eligible to receive. Presenting a false record or falsifying records is an offense under Section 37.10, Penal Code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d). All information obtained for this purpose will remain confidential. One form per student is required.

Student Name	Student Age
Student Gender	Student DOB
Student Grade	Student ID
School Name	Date

Section A. Student Living Situation (Check all that apply.)

<input type="checkbox"/>	I live in a shelter because I do not have permanent housing. (family shelter, domestic violence shelter, children/youth shelter, FEMA housing, moving from place to place, temporary living arrangement)
<input type="checkbox"/>	I live in the home of a friend or a relative because I lost my housing. (doubled up due to economic hardship, fire, food, lost job, divorce, domestic violence, parent in military and was deployed, parent in jail, etc.)
<input type="checkbox"/>	I live in a tent, car, van, abandoned building and/or I have no electricity, running water, and/or heat in a home/apartment. (living on the streets, campground, park, unsheltered location)
<input type="checkbox"/>	I live in a hotel or motel. (due to economic hardship, eviction, flood, fire, hurricane, etc.)
<input type="checkbox"/>	I am an Unaccompanied Youth. (Student is not living in the home of a parent or legal guardian.)
<input type="checkbox"/>	I am a child or youth placed with a temporary guardian by the Department of Family and Protective Services. (DFPS provided a Parental Child Safety Plan or Authorization for Non-Parent or Voluntary Caregiver.)
<input type="checkbox"/>	I live with a parent/guardian in a home, apartment, or housing that is not shared with any other family.

Section B. Foster Care Status (Check all that apply. Leave blank if not applicable.)

<input type="checkbox"/>	The student is currently in the conservatorship (custody) of DFPS. (A court order names DFPS as the Temporary/Permanent Managing Conservator.)
<input type="checkbox"/>	The student is currently in Foster Care and residing in a foster or group home. (Foster Parent/Group Home has a DFPS Placement Authorization Form 2085, Form 2085-E or Court Order.)
<input type="checkbox"/>	The student is currently in PreK and has previously been in the conservatorship (custody) of DFPS.

Section C. Parent/Legal Guardian/Caregiver

Parent/Guardian Name			Relationship to student	
Address			Phone Number	
Student's Time at Present Address	Days	Months	Years	Number of students enrolled in WISD

Signature _____ Date _____

Please return this form to Melissa Marbut, Whitney ISD McKinney-Vento Liaison.

<input type="checkbox"/>	I certify that the above-named student meets the requirements of the McKinney Vento Act.
<input type="checkbox"/>	I certify that the above-named student does not meet the requirements of the McKinney Vento Act.

<input type="checkbox"/>	I certify that the above-named student is in the conservatorship of DFPS
<input type="checkbox"/>	I certify that the above-named student is not in the conservatorship of DFPS.

Signature _____ Date _____

Whitney Independent School District

Cuestionario de residencia estudiantil y cuidado de crianza

Este cuestionario está destinado a abordar la Ley de Educación para Personas sin Hogar McKinney-Vento 42 U.S.C. 11434a (2) y la legislación que requiere que las escuelas recopilen datos sobre el estado de cuidado de crianza de todos los estudiantes. Las respuestas a esta información de residencia ayudarán a determinar los servicios que el estudiante puede ser elegible para recibir. Presentar un registro falso o falsificar registros es un delito bajo la Sección 37.10, Código Penal, y la inscripción del niño bajo documentos falsos somete a la persona a la responsabilidad por la matrícula u otros costos. TEC Sec.25.002(3)(d).

Toda la información obtenida para este fin será confidencial. Se requiere un formulario por estudiante.

Nombre del estudiante	Edad del estudiante
Género del estudiante	Fecha de nacimiento del estudiante
Grado del estudiante	Identificación del estudiante
Nombre de la escuela	Fecha

Sección A. Situación de vida del estudiante (Marque todo lo que corresponda).

	Vivo en un refugio porque no tengo vivienda permanente. (refugio familiar, refugio de violencia doméstica, refugio para niños/jóvenes, vivienda de FEMA, mudanza de un lugar a otro, arreglo de vivienda temporal)
	Vivo en la casa de un amigo o un pariente porque perdí mi vivienda. (duplicado debido a dificultades económicas, incendio, comida, pérdida de trabajo, divorcio, violencia doméstica, padre en el ejército y fue desplegado, padre en la cárcel, etc.)
	Vivo en una tienda de campaña, automóvil, camioneta, edificio abandonado y / o no tengo electricidad, agua corriente y / o calefacción en una casa / apartamento. (vivir en las calles, campamento, parque, ubicación sin refugio)
	Vivo en un hotel o motel. (debido a dificultades económicas, desalojo, inundación, incendio, huracán, etc.)
	Soy un joven no acompañado. (El estudiante no vive en la casa de un padre o tutor legal).
	Soy un niño o joven colocado con un tutor temporal por el Departamento de Servicios de Familia y Protección. (DFPS proporcionó un Plan de Seguridad Infantil para Padres o Autorización para Cuidadores Voluntarios o que no son padres).
	Vivo con un padre/tutor en una casa, apartamento o vivienda que no se comparte con ninguna otra familia.

Sección B. Estado de cuidado de crianza (Marque todo lo que corresponda. Dejar en blanco si no corresponde.)

	El estudiante se encuentra actualmente bajo la tutela (custodia) del DFPS. (Una orden judicial nombra al DFPS como el Conservador Administrativo Temporal/Permanente.)
	El estudiante está actualmente en cuidado de crianza y reside en un hogar de crianza o grupal. (Foster Parent/Group Home tiene a DFPS Placement Authorization Form 2085, Form 2085-E, or orden judicial.)
	El estudiante está actualmente en PreK y ha estado previamente en la tutela (custodia) de DFPS.

Sección C. Padre/tutor legal/cuidador

Nombre del padre/tutor			Relación con el estudiante	
Dirección			Número de teléfono	
Cuanto tiempo tiene viviendo el estudiante en esta dirección	Días	Meses	Años	Número de estudiantes matriculados en WISD

Firma _____ Fecha _____

Please return this form to Melissa Marbut, Whitney ISD McKinney-Vento Liaison.

	I certify that the above-named student meets the requirements of the McKinney Vento Act.
	I certify that the above-named student does not meet the requirements of the McKinney Vento Act.

	I certify that the above-named student is in the conservatorship of DFPS
	I certify that the above-named student is not in the conservatorship of DFPS.

Signature _____ Date _____



WHITNEY ELEMENTARY SCHOOL

P.O. Box 518
308 S. Bosque Street
Whitney, TX 76692
Phone: 254-694-3456
Fax: 254-694-2059

AMBER SEELY, PRINCIPAL

Court Documentation Notice

Student Name: _____

___ The following items do not apply.

My child has court documentation on file regarding:

___ Custody Issues

___ Restraining Order

___ Other: _____

Attached is the most current, complete and file marked copy of the above stated document.

Parent/Guardian Signature: _____

Date: _____

WHITNEY ELEMENTARY SCHOOL

ATTENDANCE POLICY

Teacher's Name _____

The Whitney ISD recognizes the high correlation between student absences and student failures. In our school's desire to better prepare our students for academic success, we propose the following attendance policy:

1. Students must, by law, attend school 90% of the required school days for the school year.
2. Each campus will establish an attendance review committee with the authority to grant exceptions for extenuating circumstances such as hospital stays, long-term illness, and any other situation that would warrant such exceptions.

Committee membership must include, but not limited to, the following:

1. Building principal
2. Counselor
3. Two classroom teachers
4. One parent

Committee membership on the secondary level will include at least one student to be selected by the building principal.

Any student accumulating over eighteen absences will lose credit, unless the Attendance Review Committee has ruled otherwise.

The state unexcused absences policy will remain the same.

*Student name: _____

*Parent Signature: _____ Date: _____

In case of an accident or a serious illness, if I cannot be reached and the persons listed under emergency numbers cannot be reached, you have my permission to seek emergency medical care.

State required vision and hearing screening tests may be completed on my child by the school nurse or authorized trained personnel.

*Parent Signature: _____

*Date: _____

El Nombre del maestro _____

Attendance policy (Spanish)

NORMA de Atendencia

Whitney ISD reconocen la correlación alta entre ausencias de estudiante y fracasos de estudiante. En nuestro deseo de escuela para preparar mejor a nuestros estudiantes para el éxito académico, nosotros proponemos la norma siguiente:

1. Los estudiantes deben por la ley asistir a la escuela 90% de los días lectivos requeridos por ese año de escuela.
2. Cada campus establecerá un comité de la revisión de asistencia con la autoridad para otorgar las excepciones para atenuar las circunstancias tal como hospitalización enfermedad a largo plazo, y cualquier otra situación que justificaría tal excepciones.

La asociación del comité debe incluir, pero no limitado lo siguiente:

1. directora del edificio.
2. consejero
3. dos maestros de aula.
4. Un padre de familia

La asociación del comité en el nivel secundario incluirá por lo menos un estudiante para ser escogido por el director de edificio.

Cualquier estudiante que acumula sobre diesidocho ausencias perderá el crédito, a menos que el Comité de la Revisión de Asistencia haya revisado de otro modo.

Las ausencias sin disculpas del estado permanecera' igual.

* El Nombre de Estudiante

*Firma de padres:

_____ Fecha _____

en caso de un accidente o una enfermedad grave, si yo no puedo ser localizado y las personas listados bajo números de Emergencia no pueden ser localizadas, usted tiene mi permiso para buscar emergencia cuidado médico.

El estado requiere un examen de la vista y oído que puede ser completado en mi niño por la enfermera de la escuela o Personal entrenado autorizado.

* Firma de Padre:

fecha

WHITNEY ELEMENTARY SCHOOL

PERMISSION TO RIDE SCHOOL BUS

Teacher's Name _____

Whitney ISD school buses are equipped with video surveillance equipment for the safety of the students. Everyone should be aware that videotapes might be available to school administration to determine student discipline problems or driver behavior that hinders the safe transportation of our students.

Students are reminded that the bus driver is in charge at all times. The safety of all students on the bus is a great responsibility, therefore, disruptive conduct on the bus will not be tolerated. Students who continually cause disturbances will lose the privilege of riding the bus.

Students are under the same code of conduct aboard buses as they are in the classroom. The bus driver should give a written discipline referral on all inappropriate student behaviors. The principal will take the appropriate disciplinary action on all referrals.

Students and parents are reminded that in addition to general school rules found in the student handbook, the following specific rules apply to student bus transportation.

"PROTECT YOUR RIDING PRIVILEGES!"

- Follow these rules:

1. Observe the same conduct as in the classroom.
2. Be courteous and do not use profanity.
3. Do not eat or drink on the bus.
4. Keep the bus clean.
5. Cooperate with the driver.
6. Do not use tobacco.
7. Do not be destructive.
8. Stay in your seat.
9. Keep head, hands, and feet inside the bus.
10. The bus driver has the authority to assign seats to students.

My child has permission to participate in short, curriculum-based field trips.

Upon reading the above information, I request my child, _____ be allowed to ride a WISD school bus.

Parent Signature: _____

Date: _____

WHITNEY ELEMENTARY SCHOOL

El Nombre del maestro _____

EL PERMISO PARA MONTAR EL AUTOBÚS DE LA ESCUELA

Whitney ISD los autobuses escolares están provistos con el equipo de vigilancia video para la seguridad de los estudiantes. Todos debemos ser conscientes que los videos podrían estar disponibles a la administración de la escuela determinar problemas de disciplina de estudiante o conducta del chófer que impiden el transporte seguro de nuestros estudiantes.

Se recuerdan los estudiantes que el chófer del autobús está en todo momento al cargo. La seguridad de todos los estudiantes en el autobús es una gran responsabilidad, por consiguiente, que la conducta disociadora en el autobús no se tolerará. Estudiantes que continuamente causan las perturbaciones perderán el privilegio de montar el autobús.

Los estudiantes están a bordo bajo el mismo código de conducta los autobuses como ellos está en el aula. El chófer del autobús debe dar una referencia de disciplina escrito en las conductas del estudiante todo impropias. El principal tomará la acción disciplinaria apropiada en todas las referencias.

Se recuerdan estudiantes y padres que ademas de reglas de la escuela generales encontradas en el manual del estudiante, las reglas específicas siguientes aplican al transporte de autobús de estudiante.

"¡PROTEJA SU PASEO A CABALLO PRIVILEGIA!"

Siga estas reglas:

1. observe la misma conducta como en el aula.
2. esté atento y no usa la profanidad.
3. no coma o beba en el autobús.
4. guarde el autobús limpio.
5. coopere con el chófer.
6. no use el tabaco.
7. no sea destructivo.
8. quédese en su asiento.
9. guarde cabeza, manos, y pies dentro del autobús.
10. El chófer del autobús tiene la autoridad para asignar los asientos a los estudiantes.

Mi niño tiene el permiso para participar para abreviar, los viajes del campo plan de estudios-basado.

Al leer la información anterior, yo le pido a mi niño, _____ se permita montar un WISD escuela autobús.

La Firma del padre : _____

Fecha : _____

Whitney ISD Student-Laptop /I-Pad Checkout Agreement

The Whitney Independent School Board provides devices to students to enhance their education. It is imperative that parents/guardians stress to their children how important it is to take good care of their issued device and to behave appropriately when interacting with other digitally. Certain rules are necessary to protect the device and the school network and ensure that this technology serves as an effective instructional tool. By accepting possession of a WISD device, student and his/her parents/ guardians agree to the following responsibilities for the use and care of this device.

1. The student agrees to follow all WISD policies and regulations governing the use of devices including, but not limited to, the exceptions for responsible device use below, as well as the acceptable use policy.
2. The device is the property of WISD. If a student withdraws from the school prior to the end of the loan period, the device and charger must be returned to the school officials by the student prior to withdrawal.
3. The student shall not remove or alter any WISD identifications labels attached to or displayed on the device, nor shall the student change identification within the device, such as the device name.
4. The student agrees to keep the device secure and safe. The parent/guardian will assume the risk of loss by theft, destruction, or damage caused by intentional misuse. If, during the loan period the device is damaged or returned with any accessories missing, WISD may charge the parent the lesser of the repair or the replacement cost.
5. The student must report theft (or suspected theft) of the device, loss of the device, damage to the device, or malfunctioning of the device to school personnel promptly and no later than 24 hours of the incident.
6. Upon request, the student agrees to deliver the device to WISD staff for technical inspection to verify inventory or other information, or for random screening.
7. The device cannot be loaned, sold, bartered, traded, leased, rented or given to any other person or persons without the express written consent of WISD.

Student Expectations for Responsible Device Use

1. I understand that WISD property, the device is subject to inspection and search at any time and without cause.
2. I understand that I am not to remove or alter any part of the device.
3. I understand that only authorized educational programs installed by WISD staff may be used on the device, and that I am not to download, install, play games, video, music, or pictures unless they are directly related to classroom instruction.
4. I understand that I am accountable for knowing where my device is always.
5. I understand that I am not to add or remove labels to the device, that I am not allowed to personalize it with stickers, decals, markers, or any type of decorative materials, and that no paint, glue, or other substance is to be placed on the device.

6. I understand I am responsible for keeping food and beverages away from my device and that I am not to leave my device outside, unattended in a vehicle, or in an unsecure location, or near water.

7. I understand that I am to avoid using objects that may scratch or damage any part of the device.

8. I understand that I am not to loan my device or charger to other individuals.

9. I understand that my devices serial number and manufacturer/district labels are not to be defaced.

10. I understand I am not to alter any school-installed software.

11. I understand that I am only to use my device in ways that are educational and appropriate and in accordance with all policies and procedures, including the Acceptable Use Policy and the student code of conduct.

12. I understand that I represent the school division in all my online activities while using the device. I understand that what I do online on the WISD device should not reflect negatively on my fellow students, teachers, or WISD schools.

13. I understand that I am to interact with all others in a respectful, courteous, and school-appropriate manner while using the device.

14. I understand that my personal username and password must not be shared with any individual doing so will result in loss of computer privileges.

15. I understand that I am to always follow the WISD Acceptable Use Policy.

16. I agree to return the device and charger in good working order at the end of the school year upon leaving WISD, or when my user privileges are revoked.

I have read and agree to comply with these rules and all WISD policies and regulations for the use of equipment, including the above rules; the Acceptable Use Policy and Student Code of Conduct. I understand that the device is school property, and it may access, monitor, and archive my students use of the device system, including use of the internet, e-mail, and downloaded material without prior notice to me. I accept responsibility for damage to or loss of the equipment described below while assigned to my student. I understand that if the device or any accessory is lost, damaged, or stolen, student and his/her parent/guardian is responsible for the repair or replacement cost. I will report any damage to hardware or software immediately to designated school personnel and will return equipment promptly when requested.

WISD grants permission to the student to have limited use of the device described in the continuing agreement. The school system insurance AND permission granted to the student ceases during the last month of school on the day designated by the Technology Director (unless terminated earlier by WISD) and failure to return the device and charger before that date to the building principal or his/her designee could result in billing for the unreturned item (s) and/or other legal proceedings against the student and/or person who has the device. WISD reserves the right to demand return of the device anytime.

Parent/Guardian Name* _____

Date* _____

Parent Email address:* _____

Parent/Guardian Phone Number* _____

Device Insurance

Student Name*

Device Insurance:

I would like to purchase the Whitney ISD Device Insurance.

A one time \$20.00 non-refundable payment covers:

1st instance of any damage to device or accessories.

2nd instance of any damage to device or accessories will be at a 50% cost of repairs. All Payments expected prior to repair unless otherwise approved.

3rd instance of any damage you will be charged at full market value for repairs. (Device/Accessories) All payments expected prior to repair unless otherwise approved.)

4th instance will result in loss of device privilege and cost of repairs.

Opt Out Device Insurance: I understand that I am responsible for any damage to the laptop/ I-Pad, charger and accessories and I would like to opt out of the insurance option and understand that I am fully responsible for full price of repair if the device or any of its accessories are lost, stolen, or damaged.

***All Payments expected prior to repair unless otherwise approved.

You can VENMO @WISDTECH \$20.00 Device Insurance

Device Insurance*

\$20.00 non-refundable Device Insurance

OPT out Device Insurance- you are responsible for damages etc.

Please See Repair Price List Below

Laptops:

Description of Non Warranty Repair /Replacement

Broken Screen (LCD) #75.00

Damaged/ Lost Power Supply \$35.00

Abandonment Fee \$20.00

Other Minor/ Major Damage (TBD)

Lost or Damaged Laptop Bag \$35.00

Lost/ Destroyed Laptop fair market value (\$695) FMV

Cleaning and/or Removing/ Replacing Stickers \$5.00

Hard Drive \$50.00

Keyboard Replacement \$50.00

iPADS: Description of Non Warranty Repair/ Replacement Broken Screen (LCD) \$125.00 Damaged/Lost power supply \$40.00 Abandonment Fee \$20.00 Other Minor/Major Damage- Not to Exceed \$50.00 Replacement Case \$50.00 Lost/ Destroyed laptop fair market value (FMV) Cleaning and/or Removing/Replacing Stickers \$5.00

WHITNEY ELEMENTARY SCHOOL



P.O. Box 518
308 S. Bosque Street
Whitney, TX 76692
Phone: 254-694-3456
Fax: 254-694-2059
Amber Seely, Principal

2023-2024

Acknowledgment of Electronic Distribution of Student Handbook

My child and I have been offered the option to receive a paper copy of or to electronically access at www.whitney.k12.tx.us the Whitney Elementary Student Handbook and the Student Code of Conduct for 2023-2024.

I have chosen to:

- Receive a paper copy of the Student Handbook and the Student Code of Conduct.
- Accept responsibility for accessing the Student Handbook and the Student Code of Conduct by visiting the Web address listed above.

I understand that the handbook contains information that my child and I may need during the school year and that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the Student Code of Conduct. If I have any questions regarding this handbook or the Code of Conduct, I should direct those questions to the principal at 254-694-3456.

Printed name of student: _____

Signature of student: _____

Signature of parent: _____

Date: _____

WHITNEY ELEMENTARY SCHOOL

P.O. BOX 518
308 SOUTH BOSQUE STREET
Whitney, TX 76692

Phone 254-694-3456

Fax 254-694-2059

PRINCIPAL: AMBER SEELY

Military Connected Student Form

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 Educational 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: _____

Student Name: _____ Date of Birth: _____

Grade: _____ Campus: _____

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

For all students:

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

For Pre-Kindergarten students ONLY:

- An active duty uniformed member of the Army, Navy, Air Force, Marine Corps, or Coast Guard
- Activated /mobilized uniformed member of the Texas National Guard (Army, Air Guard, or State Guard)
- Activated/mobilized members of the Reserve components of the Army, Navy, Marine Corps, Air Force, or Coast Guard;
- Who are currently on active duty or who were injured or killed while serving on active duty.

Student Project/Photo Release Form

STUDENT: _____ GRADE: _____

SCHOOL: WHITNEY ELEMENTARY

1. My child's work may be electronically displayed and published by the Whitney Independent School District.

Yes _____

No _____

2. Photographs of my child may be electronically displayed and published by the Whitney Independent School District.

Yes _____

No _____

3. My child's name may be used in association with a photograph or published work.

Yes _____

No _____

Parent/Legal Guardian Name (Print)

Parent/Legal Guardian Name Signature

Date

Student's Name _____ Grade _____

**Notice Regarding Directory Information and Parent's
Response Regarding Release of Student information**

State law requires the district to give you the following information:

Certain information about district students is considered directory information and will be released to anyone who follows the procedures for requesting the information unless the parent or guardian objects to the release of the directory information about the student. If you do not want Whitney ISD to disclose directory information from your child's education records without your prior written consent, you must notify the district in writing within ten school days of child's first day of instruction for this school year.

This means that the district must give certain personal information (called "directory information") about your child to any person who requests it, unless you have told the district in writing not to do so. In addition, you have the right to tell the district that it may, or may not, use certain personal information about your child for specific school-sponsored purposes. The district is providing you this form so you can communicate your wishes about these issues. [See Directory Information.]

Whitney ISD has designated the following information as directory information:

- Student's name
- Address
- Telephone listing
- E-mail address
- Photograph
- Date and place of birth
- Honors, and awards received
- Dates of attendance
- Grade level
- Most recent school previously attended
- Participation in officially recognized activities and sports
- Weight and height, if member of an athletic team

Parent: Please circle one of the choices below:

I, parent of _____, (do give) (do not give) the
(student's name)

District permission to release the information on this list in response to a request.

Parent signature

Date

Whitney ISD

Transportation Guidelines

Students are reminded that the bus driver is in charge at all times. The safety of all students on the bus is a great responsibility; therefore, disruptive conduct on the bus will NOT be tolerated. Students should remain seated at all times and keep hands, feet and all objects to themselves. Students who continually create disturbances will lose the privilege of riding the bus.

Students are under the same code of conduct aboard buses as in the classroom. Misbehavior while waiting for the bus (at school or the bus stop) will also result in disciplinary action. The bus driver should give a written discipline referral on all inappropriate student behaviors. The principal/assistant principal will take the appropriate disciplinary action on all referrals.

All bus passes must be approved by the bus barn administrator or his/her designee. Parents may designate a child care facility or the residence of grandparent or caregiver instead of the child's residence as a permanent pick up/drop off location on an approved bus route. Students may only have one designated pick up stop in the mornings and one designated drop off stop in the afternoon. Temporary bus passes will NOT be issued. Cut off time for arranging bus transportation service will be at 2:00 PM, if you are calling after 2 PM, service will begin the next school day. For more information on bus routes, stops or passes, please call the Transportation Department at 254-694-4121.

Students MUST:

- Follow the driver's directions at all times.
- Enter and leave the bus or vehicle in an orderly manner at the designated stop nearest home and campus.
- Keep feet, books, band instruments cases, back packs, and all other objects out of the aisle.
- Not deface the bus/vehicle, or its equipment.
- Not put head, hands, arms or legs out of the window, hold any objects out of the window or throw and objects within or out of the bus/ vehicle.
- Be seated at all times and if vehicle is equipped with seat belts, they must be fastened at all times.
- Please stay seated until the bus has come to a complete stop.
- Misconduct will be punished in accordance with the Student Code of Conduct; bus privileges may be suspended.
- Misbehavior while waiting for the bus (at campus or at the bus stop) may result in a student being suspended from riding the bus.

Consequences from Violation of Bus Conduct Rules

1st Violation: A bus discipline notice is written by the driver/bus monitor and turned into the school principal/assistant principal. A student-principal conference will be held.

2nd Violation: The bus discipline notice is turned into the principal/assistant principal. The parents will be contacted by phone (or by mail if unavailable) and a student-principal conference will be held.

3rd Violation: The bus discipline notice is turned into the principal/assistant principal. The student is suspended from riding the bus for one week (5 school days). The parent is notified and must come to the school for a conference before the student's riding privileges are re-instated.

4th Violation: The bus discipline notice is turned into the principal/assistant principal. The student is suspended from riding the bus for the remainder of the semester, or a minimum of 20 school days. The parents are notified and are the responsible for getting the student to and from school.

5th Violation: The bus discipline notice is turned into the school principal/assistant principal and the student is suspended from riding the bus for the remainder of the current school year. The parents are notified and are responsible for getting the student to and from school.

At the discretion of the principals or his/her designee, ANY serious misconduct may be treated as a 4th or 5th violation which will result in suspension from riding the bus for the remainder of the semester or school year.

Video monitoring cameras may be used on Whitney ISD buses while transporting students.

Students are expected to assist District staff in ensuring that buses remain in good condition and that transportation is provided safely. Same rules apply to ALL District Vehicles.

Parent signature/date

Student Name/date

Meal charge Policy

I. Purpose

The goal is Whitney ISD is to provide students with healthy meals each day.

However, unpaid charges place a large financial burden on our Food Services Department. The purpose of this policy is to insure compliance with federal reporting requirements for the USDA Child Nutrition Program, and to provide oversight and accountability for the collection of outstanding student meal balances.

The intent of this policy is to establish uniform meal account procedures throughout the Whitney Public Schools. The provisions of this policy pertain to regular, reduced, and free priced school breakfast and lunch meals. While the USDA Child Nutrition Program does not require that a student who pays for regular/reduced priced meals be served a meal without payment, Whitney ISD provides this policy as a courtesy to those students in the event that they forget or lose their lunch money.

II. Policy

Full Pay Students- Pre K- 12th Grade will pay for meals at the district's published standard rate each day. A student will be allowed to charge a maximum of \$20.00 to their account after the balance reaches zero. Once a student has charged \$20.00, he/she will not be allowed to charge, however he/she will be offered a designated menu alternate. Sample: cheese sandwich, veggie sticks, fruit and milk. This designated menu alternate will be charged to Whitney ISD Funds at the standard rate.

Free Meal Benefit- Pre K-12th Grade- Free status students will be allowed to receive a free breakfast and lunch each day. A la carte purchases must be prepaid or paid for at the time of purchase. No charging will be allowed.

Reduced Meal Benefit- Pre K- 12th grade- Reduced status students will be allowed to receive a breakfast for \$.30 and lunch for \$.40 each day. A student will be allowed to charge \$20.00 to their account after the balance reaches zero. Once a student has charged \$20.00 he/she will not be allowed to charge, however he/she will be offered a designated menu alternate. Sample: cheese sandwich, veggie sticks, fruit and milk. This designated menu alternate will be charged to Whitney ISD Funds at the reduced rate.

Parents/Guardians are responsible for meal payment to the food service program. Notices of low or deficit balances will be sent to parents/guardians at regular intervals during the school year if current phone numbers, mailing addresses or email address are provided.

All school cafeterias possess computerized point of sale/cash register systems that maintain records of all monies deposited and spent for each student and said records are available by setting up an account at ezschoolpay.com or by speaking with the cafeteria manager.

Students/Parents/Guardians may pay for meals in advance via ezschoolpay.com, cash or with a check payable to Whitney ISD Food Service Department. Further details are available on our webpage at www.whitneyisd.com. Funds should be maintained in accounts to minimize the possibility that a child may be without meal money on any given day. Any remaining funds for a particular student will be carried over to the next school year.

Refunds for withdrawn, and graduating students; a written request for a refund of any money remaining in their account must be submitted. An e-mail request is also acceptable. Students who are graduating at the end of the year will be given the option to transfer to a sibling's account with a written request.

Unclaimed Funds must be requested within one school year. Unclaimed funds will then become the property of the Whitney ISD Food Service Program.

Charging will be discouraged in May.

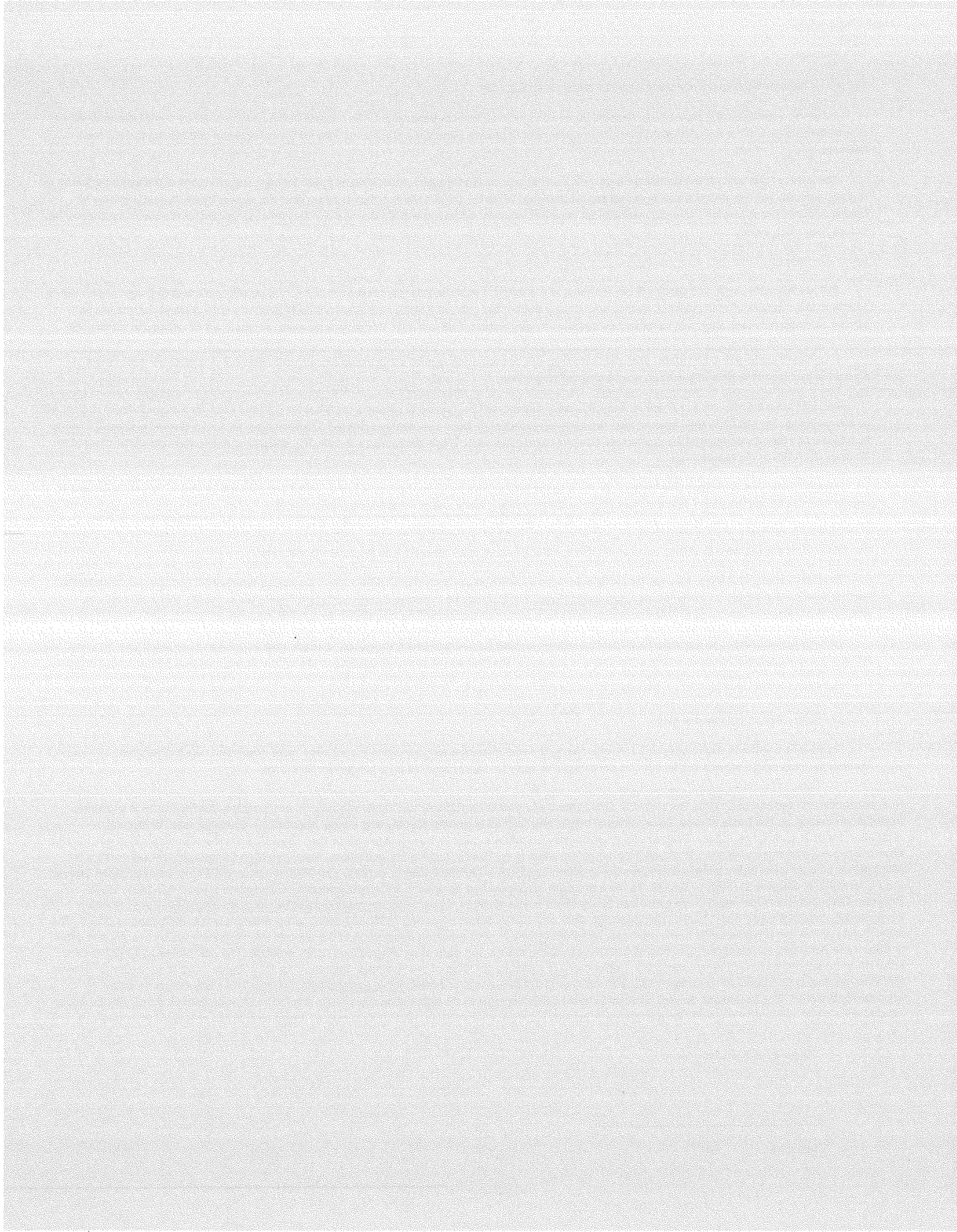
If a student is without meal money on a consistent basis, the administration will investigate the situation more closely and take further action as needed. If financial hardship exists, parents and families are encouraged to apply for free or reduced price lunches for their child.

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: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: Program.Intake@usda.gov This institution is an equal opportunity provider. The Richard B. Russell National School Lunch Act requires the information requested in order to verify your children's eligibility for free or reduced price meals. If you do not provide the information or provide incomplete information, your children may no longer receive free or reduced price meals.

*Sign and Return

Signature

Date



WhitneyISD

Dear Parent/Guardian:

Children need healthy meals to learn. Whitney ISD offers healthy meals every school day. Breakfast costs \$2.50; lunch costs \$3.00 at Elementary and Intermediate and \$3.25 at Middle & High School. **Your children may qualify for free meals or for reduced-price meals.** Reduced-price is \$.30 for breakfast and \$.40 for lunch. If you received a notification letter that a child is directly certified for free or reduced-price meals, do not complete an application. Let the school know if any children in the household attending school are not listed in the letter.

The questions and answers that follow and attached directions provide additional information on how to complete the application. Complete **only one application** for all the students in the household and return the completed application to Judy Bailey 305 S San Jacinto Whitney Texas 76692 or and campus cafeteria. If you have questions about applying for free or reduced-price meals, contact 254-694-4661 or judy.bailey@whitneyisd.org.

1. Who Can Get Free Meals?

- **Income**—Children can get free or reduced-price meals if a household's gross income is within the limits described in the *Federal Income Eligibility Guidelines*.
 - **Special Assistance Program Participants**—Children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program for Households on Indian Reservations (FDPIR), or Temporary Assistance for Needy Families (TANF), are eligible for free meals.
 - **Foster**—Foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals.
 - **Head Start or Early Head Start**—Children participating in these programs are eligible for free meals.
 - **Homeless, Runaway, and Migrant**—Children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told about a child's status as homeless, runaway, or migrant or you feel a child may qualify for one of these programs, please call or email Melissa Marbut at Melissa.marbut@whitneyisd.org.
 - **WIC Recipient**—Children in households participating in WIC may be eligible for free or reduced-price meals.
2. **What If I Disagree with the School's Decision About My Application?** Talk to school officials. You also may ask for a hearing by calling or writing to John McCullough 305 S San Jacinto, Whitney Texas 76692 254-694-2254, John.McCullough@whitneyisd.org.
3. **My Child's Application Was Approved Last Year. Do I Need to Fill Out A New One?** Yes. An application is only good for that school year and for the first few days of this school year. Send in a new application unless the school has told you that your child is eligible for the new school year.
4. **If I Don't Qualify Now, May I Apply Later?** Yes. Apply at any time during the school year. A child with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.
5. **What If My Income Is Not Always the Same?** List the amount normally received. If a household member lost a job or had hours/wages reduced, use current income.
6. **We Are in The Military. Do We Report Our Income Differently?** Basic pay and cash bonuses must be reported as income. Any cash value allowances for off-base housing, food, or clothing, or Family Subsistence Supplemental Allowance payments count as income. If housing is part of the Military Housing Privatization Initiative, do not include the housing allowance as income. Any additional combat pay resulting from deployment is excluded from income.
7. **May I Apply If Someone in My Household Is Not a U.S. Citizen?** Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.
8. **Will Application Information Be Checked?** Yes. We may also ask you to send written proof of the reported household income.
9. **My Family Needs More Help. Are There Other Programs We Might Apply For?** To find out how to apply for other assistance benefits, contact your local assistance office or 2-1-1.
10. **Can I Apply Online?** Online Not Available

If you have other questions or need help, call Judy Bailey 254-694-4661.

Sincerely,

Judy Bailey

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

Letter for 2023-2024 Application for Free and Reduced-Price School Meals | June 12, 2023

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> 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, SW, Washington, D.C. 20250-9410; (2) fax: (833) 256-1665 or (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

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 Whitney 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 *Judy Bailey* 254-694-4661 or *judy.bailey@whitneyisd.org* 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 Whitney ISD.
- 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 Whitney 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)

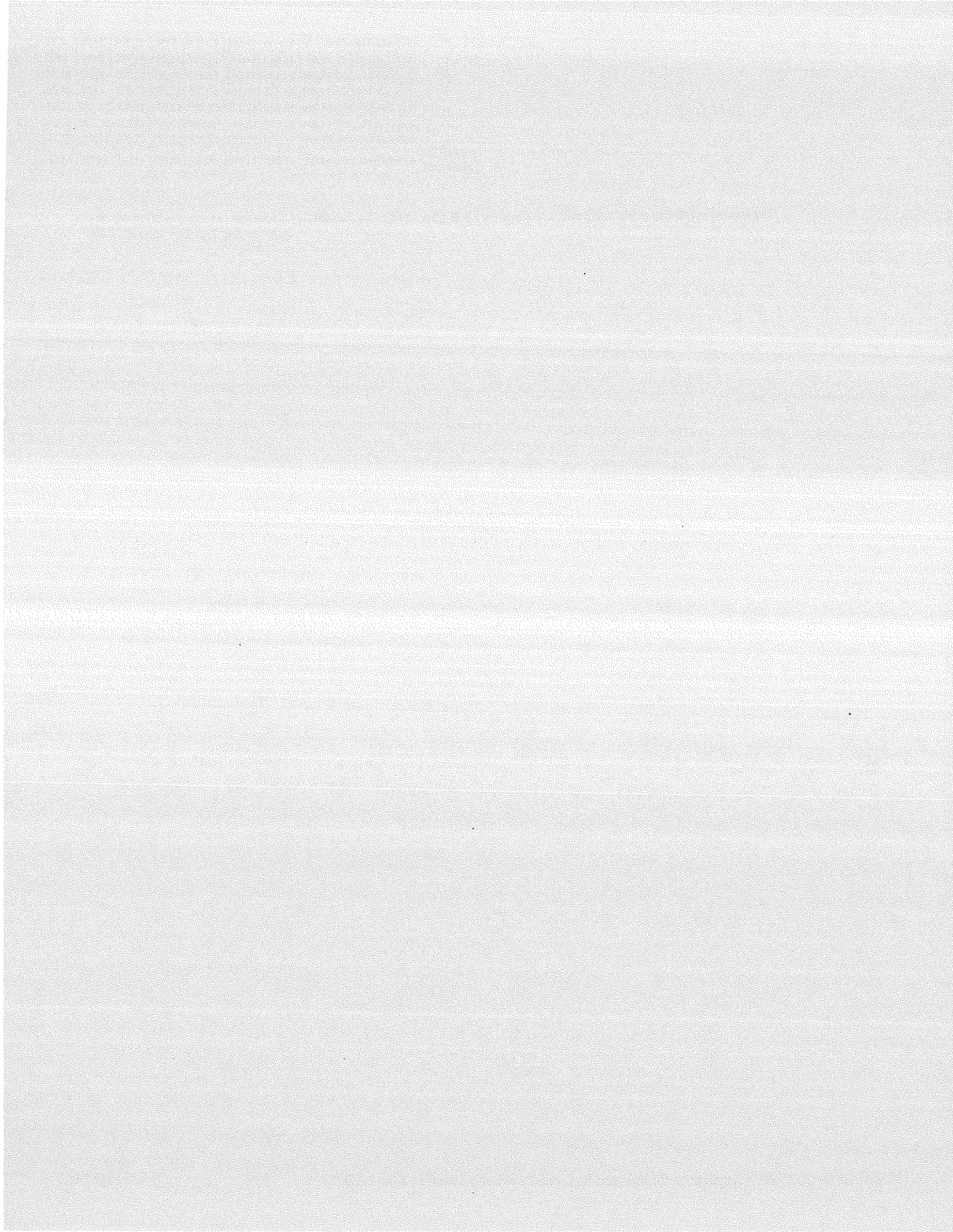
Return the Application

- **Return** the application to 305 S San Jacinto St. Whitney Texas 76692. Or Judy.bailey@whitneysd.org.

Household Size	Income Eligibility Guidelines									
	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.



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

Whitney ISD
 2023-2024 Application for Free and Reduced-Price School Meals
 On line not available

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?	Grade	Head Start	Foster Child	Homeless, Migrant, Runaway
			Yes <input type="radio"/> No <input type="radio"/>				
			<input type="radio"/>				
			<input type="radio"/>				
			<input type="radio"/>				
			<input type="radio"/>				

Check any that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?
 If NO → Go to STEP 3 If YES → Write the Eligibility Determination Group (EDG, n/a for FDIPIR) 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-
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				Public Assistance/Child Support/Alimony				Pensions/Retirement/Social Security/SSI/VA Benefits/All Other						
	W	E	T	M	A	W	E	T	M	A	W	E	T	M	A
\$	<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"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 \$

W	E	T	M	A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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
			Yes <input type="radio"/> No <input type="radio"/>		Head Start <input type="checkbox"/> Foster Child <input type="checkbox"/> Homeless, Migrant, Runaway <input type="checkbox"/>

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 Member (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
	\$	<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"/>	<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"/>

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 (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/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
		W <input type="radio"/> E <input type="radio"/> T <input type="radio"/> M <input type="radio"/> A <input type="radio"/>		
Categorical Determination	Eligibility	Pre <input type="radio"/> Reduced <input type="radio"/> Denied <input type="radio"/>	Reviewing/Determining Official's Signature	Date
			Confirming Official's Signature	Date

MEDICAL INFORMATION

Student Name _____ Date of Birth _____

Campus _____ Grade _____

ANY MEDICAL CONDITIONS WE SHOULD
BE AWARE OF _____

DOES STUDENT USE AN INHALER _____ YES _____ NO _____

DOES STUDENT USE EPI-PEN _____ YES _____ NO _____

ALLERGIC TO: _____

_____ My child has a food allergy or severe food allergy that in my judgment should be disclosed to the district to enable the district to take any necessary precautions regarding the child's safety. Specify the food to which the child is allergic and the nature of the allergic reaction.

Food:	Nature of allergic reaction to the food:

_____ My child does not have a food allergy.

We ask you to complete this form at the beginning of every school year to ensure that we have the most current information on your child.

The information you provide will be shared only with staff in the school district whose jobs require access to this information to ensure your child's health and safety.

Please contact your school promptly with any changes of information on this form.

Parent/Guardian Signature _____

Date _____ Phone _____

Información Médica

Nombre del estudiante _____ Fecha de nacimiento _____

Escuela _____ Grado _____

Cual quier Condición medica que tenemos que ser conscientes de _____

El Estudiante usa un Inhalador _____ SI _____ No _____

Es Estudiante usa un boligrafo-epi _____ SI _____ No _____

Alèrgico a: _____

_____ Mi hijo tiene una alergia alimentaria o alergia alimentaria severa que a mi juicio debe ser compartida con el distrito para permitir que el distrito tome todas las precauciones necesarias con respecto a la seguridad del niño. Especificar el alimento al que el niño es alèrgico y la naturaleza de la reacción alèrgica.

Comida:	Reacción a los alimentos:

_____ Mi hijo no tiene una alergia a los alimentos.

Les pedimos que complete este formulario al comienzo de cada año escolar para asegurar que tenemos la información más reciente sobre su hijo. La información que usted provea será compartida solamente con el personal del distrito escolar que tienen trabajos que requieren el acceso a esta información para asegurar la salud de su hijo y de seguridad. Por favor comuníquese con su escuela puntualmente de cualquier cambio de la información en este formulario.

Firma de Padre/tutor _____

Fecha _____ Teléfono _____