

# Back to School Forms

## for the 2023-24 School Year



### **Complete your Back to School forms by September 30, 2023 to:**

- Update your contact information to receive emergency notifications
- Update or confirm your emergency contacts
- Update your child's health information
- Choose your opt-out preferences
- ...and more.

ALL Back to School forms must be completed for EACH CHILD, even if there are no changes from the previous year.

It is essential to complete these forms. The information you provide will be used to contact you with emergency notifications.



### **INSTRUCTIONS:**

**Complete the forms online in PowerSchool Parent Access**  
(see instructions inside)

**OR**

**Complete the enclosed paper forms and return to your child's school.**



## Save time by completing Back to School Forms online in PowerSchool Parent Access!

Instead of completing Back to School Forms on paper, you can save time by completing them online!\* **PowerSchool Parent Access** is the online portal where you can access your child's academic record and more. You will need just one login and password to access all this information.

### On PowerSchool Parent Access, you can:

- Complete all back-to-school forms and update your contact information
- Find classroom information and see your child's schedule
- Access your child's lunch PIN
- See your child's attendance record
- See current grades and real-time gradebook (for grades 6-12 only)
- See quarterly progress reports and report cards
- Find teacher email addresses
- View standardized assessments

**See the back** for instructions on how to create your PowerSchool Parent Access account and complete your Back to School Forms.

For more information on PowerSchool Parent Access, visit [www.acps.k12.va.us/parentaccess](http://www.acps.k12.va.us/parentaccess).

**\*NOTE:** Back to School Forms are available to complete online in English and Spanish only. If preferred, paper forms can be completed instead, and submitted to your school's front office.

## How to Create Your PowerSchool Parent Access Account

1. Visit [www.acps.k12.va.us/parentaccess](http://www.acps.k12.va.us/parentaccess)
2. Click the **'Create Your PowerSchool Parent Access Account'** button.
3. Create a username and password (this is your own personal username and password).
4. Link your child(ren) using the 'Access ID' and 'Access Password' listed on the letter you received in the mail. You will need the 'Access ID' and 'Access Password' for each child you want to add to your account. **Don't have this information? Complete the Parent Access Help Form at [www.acps.k12.va.us/ps-help](http://www.acps.k12.va.us/ps-help).**
5. Click 'Enter.' You can now access each child's academic information by clicking on their name at the top-left corner of the screen.



Watch a video of these  
instructions at:  
[acps.cc/PowerSchoolVideo](http://acps.cc/PowerSchoolVideo)

## How to Complete Your Back to School Forms in PowerSchool

1. Visit [www.acps.k12.va.us/parentaccess](http://www.acps.k12.va.us/parentaccess)
2. Click the **'Log in to PowerSchool Parent Access'** button and enter your username and password.
3. At the top-left corner of the screen in PowerSchool, click the name of the child you want to complete the forms for. You will need to complete the forms separately for each child.
4. Click on **'Back to School Forms'** on the lefthand menu.
5. Click the globe icon in the top right to choose your language.
6. Follow the steps to complete and submit the forms.
7. Repeat steps 3-6 for each ACPS student in your family.

## Adding Additional Children to Your Account

1. Visit [www.acps.k12.va.us/parentaccess](http://www.acps.k12.va.us/parentaccess)
2. Click the **'Log in to PowerSchool Parent Access'** button and enter your username and password.
3. Once logged in, click on **'Account Preferences'** then the **'Student'** tab and the **'Add'** button.
4. Enter your child's 'Access ID' and 'Access Password' listed on the letter you received in the mail. **Don't have this information? Complete the Parent Access Help Form at [www.acps.k12.va.us/ps-help](http://www.acps.k12.va.us/ps-help).**
5. You can now access each child's academic information by clicking on their name at the top-left corner of the screen.

## Forgot Your Username or Password?

1. Visit [www.acps.k12.va.us/parentaccess](http://www.acps.k12.va.us/parentaccess)
2. Click the **'Forgot Your Password or Username?'** button.
3. You will be prompted to input some information and the system will send a recovery code to your email.

**STUDENT INFORMATION**

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Student and Primary Parent/Guardian Address: Street: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION****Guardian/Primary Contact:***This is the parent/legal guardian with whom the student lives most of the week, and the main contact regarding the student.*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address Street: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Is your home phone a cell phone? ☐ Yes ☐ No

Cell Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Additional Email Used for Communication: \_\_\_\_\_

Parent/Guardian's preferred language of communication? \_\_\_\_\_

**Mother:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Is your home phone a cell phone? ☐ Yes ☐ No

Cell Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_

**Father:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Is your home phone a cell phone? ☐ Yes ☐ No

Cell Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_

**EMERGENCY CONTACTS**

Please list three people we may call to make emergency decisions and/or pick up your child from school if the parent(s)/guardian(s) cannot be reached in the event of an emergency:

**Emergency Contact #1 (Other than Parent/Guardian):**

Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Contact #2 (Other than Parent/Guardian):**

Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Contact #3 (Other than Parent/Guardian):**

Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Phone: \_\_\_\_\_

**By signing this form I am verifying that the information contained herein is correct.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## 2023-24 ACPS Signature Form

Please review all sides of this form.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Date Form Completed: \_\_\_\_\_

Each section below refers to materials cited on this form, on the ACPS website ([www.acps.k12.va.us](http://www.acps.k12.va.us)) or in the ACPS Student Code of Conduct ([www.acps.k12.va.us/codeofconduct](http://www.acps.k12.va.us/codeofconduct)). **After signing, please return to the student's school upon registration or within two weeks of the student's first day of school in ACPS. This form must be completed each school year.**

### Section A: Student Code of Conduct

**The Student Code of Conduct is made available to every family each school year.** By signing this section and returning this form, parent(s)/guardian(s) shall not be deemed to waive, but do expressly reserve, their rights to protect by the Constitution or laws of the United States and/or the Commonwealth of Virginia, and shall have the right to express disagreement with the school division's policies and or decisions. The Student Code of Conduct, required by law, contains guidelines and rules for Responsible Computer System Use Policy for Students; Compulsory School Attendance; Standards of Student Conduct; Equity and Excellence Policy; Bullying Reporting Form; and Honor Code. Parents/guardians have a duty to assist ACPS schools in enforcing the standards of student conduct and compulsory school attendance. Parents/guardians have a responsibility to understand the Code of Conduct, promote proper student conduct, assist the school with the discipline of the student, and meet with school officials if requested to discuss matters related to discipline and school attendance. The law also requires that parents/guardians sign a statement showing that they know their responsibilities.

Parent/Guardian Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

### Section B1: Student Directory Information (Family Educational Rights and Privacy Act / FERPA)

Directory information includes a student's name, address, school, photograph, awards and honors, etc. (It does not include the student's social security number.) The primary use of directory information is to publish student information in school-affiliated publications. A full list of directory information is available online at [www.acps.k12.va.us/ferpa](http://www.acps.k12.va.us/ferpa). ACPS may disclose directory information without written consent, unless the parent/guardian indicates below that the student's information may not be released.

\_\_\_\_\_ **Do NOT** release the student's directory information, except as required by state or federal law, from the date this form is signed until September 30, 2024. **I understand this means that information about and photographs featuring the student will be excluded from school publications such as yearbooks, honor roll listings, and printed graduation/sports/theatrical programs.**

### Section B2: PTA Directories and School-Related Organizations

Many school PTAs and School and Community Education organizations produce an annual directory for families. However, according to Virginia law, no school may disclose the address, telephone number, or email address of a student (unless required by law or as described online at [www.acps.k12.va.us/ferpa](http://www.acps.k12.va.us/ferpa)), unless the parent/guardian affirmatively consents in writing.

\_\_\_\_\_ **YES, ACPS may** release the student/family **telephone number** and **email address** to PTAs, booster organizations, and other school-related organizations from the date this form is signed until September 30, 2024.

## Section C: Media Participation

Throughout the school year, the student's school or ACPS may want to share photographs or videos of the student, pictures of their art or classwork, passages from their writings or quotations from class discussions or educational presentations. This includes images on the ACPS website, in ACPS videos, in social media, in school division newsletters, presentations or publications, in school publications (including yearbooks and programs), or shared with third parties including but not limited to local or national media (television, online and print publications).

\_\_\_\_\_ **Do NOT** use the student's photograph, image, voice, writings, classwork or artwork in any of the ways described above from the date this form is signed until September 30, 2024.

## Section D: Responsible Use for Technology and Social Media

The responsible use policies for technology and social media are available in the Student Code of Conduct. Please review these policies and sign below.

**Parent/Guardian Signature:** \_\_\_\_\_

As a student, I agree to comply with the guidelines on technology and the internet as written in the Student Code of Conduct.

**Student Signature:** \_\_\_\_\_

## Section E: Student Record Information

**(For High School Parents – 11th and 12th Graders ONLY)**

Section 9528 of the No Child Left Behind Act of 2001 requires school systems to provide military recruiters and institutions of higher education with secondary students' names addresses, and telephone listings upon request. However, parents/guardians (or a student if they are 18 or a legally emancipated minor) may request that the student's name, address and telephone listings not be released without prior written consent. ACPS is, by this form, notifying you of your right to request that your child's information not be released. If you do **NOT** check any of the options below, the student's information will be released when requested by a military recruiter, prospective employer or an institution of higher education for school year 2023-24.

Please check any of these groups if you **do NOT** want them to receive the student's information:

\_\_\_\_\_ **Do NOT** release the student's information to **Military Recruiters**

\_\_\_\_\_ **Do NOT** release the student's information to **Colleges/Other Educational Institutions**

\_\_\_\_\_ **Do NOT** release the student's information to **Prospective Employers**

## Section F: Book Contract

I hereby agree to replace or pay for any or all textbooks or library books that may be retained, destroyed, lost, or misused, as well as pay all damages caused by the extraordinary wear or use, as assessed by the school.

**Parent/Guardian Signature:** \_\_\_\_\_

## Section G: School Bus Regulations

**School bus regulations are provided online at [www.acps.k12.va.us/bus](http://www.acps.k12.va.us/bus).** I have read and understand the regulations for students riding a school bus and agree to assume full responsibility for the student's conduct on the school bus.

**Parent/Guardian Signature:** \_\_\_\_\_

I have read and understand the regulations for students riding a school bus and agree, as a passenger, to abide by these regulations.

**Student Signature:** \_\_\_\_\_

## Section H: Family Life Education

The Alexandria City Public Schools (ACPS) Family Life Education curriculum is designed to provide a comprehensive, sequential K-10 program that includes age-appropriate instruction in family living and community relationships, abstinence education, human sexuality and reproduction, and the value of postponing sexual activity and benefits of adoption as a positive choice in the event of an unwanted pregnancy. To learn more about the family life curricula please visit the ACPS Family Life Education website: [www.acps.k12.va.us/academics/family-life-education](http://www.acps.k12.va.us/academics/family-life-education)



For Family Life Education opt out information, please visit the following URL or scan the QR code: [acps.cc/FLE23](http://acps.cc/FLE23)

## Section I: School Counseling

ACPS commits to providing each student with a comprehensive and developmentally appropriate school guidance and counseling program that is aligned with state and American School Counselor Association (ASCA) standards. Through **individual, small group, and classroom guidance**, ACPS counselors assist students in their academic, personal-social, and career development:

- **Academic Counseling (Academic Advising):** Academic guidance which assists students and their parents/guardians to acquire knowledge of the curricula choices available to students, to plan a program of studies, to arrange and interpret academic testing, and to seek post-secondary academic opportunities.
- **Career Counseling (Career Advising):** Career guidance which helps students to acquire information and plan action about work, jobs, apprenticeships, and post-secondary educational and career opportunities.
- **Personal/Social Counseling:** Counseling which assists a student to develop an understanding of themselves, the rights and needs of others, how to resolve conflict and to define individual goals, reflecting their interests, abilities and aptitudes.

Parents/guardians may opt their child out of academic, career, and/or personal/social counseling. An opt-out choice will be provided annually and will remain in effect for the entirety of this school year unless the opt-out request is rescinded by the parents/guardians in writing prior to the end of the school year. Parents/guardians who previously submitted an opt-out choice for counseling and would like to opt-out for the 2023-24 school year will need to re-submit their requests:

- A parent/guardian who opts to have their child excused from academic or career counseling **shall have sole responsibility to ensure that all academic and graduation requirements are fulfilled.**
- Parents/guardians may review materials to be used in school counseling programs by contacting their child's school counselor.
- In no event shall parent/guardian consent be required for short duration personal/social counseling which is needed to maintain order, discipline or a productive learning environment.

Please check any of these domains if you do NOT want your child to receive any or all school counseling services. **No action is required if you wish for your child to receive counseling services:**

\_\_\_\_\_ Do NOT allow my child to participate in Academic Counseling

\_\_\_\_\_ Do NOT allow my child to participate in Career Counseling

\_\_\_\_\_ Do NOT allow my child to participate in Personal/Social Counseling

Parent/Guardian Signature: \_\_\_\_\_

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

**STUDENT HEALTH CONDITIONS**

Check all boxes that apply to the student.

**ALLERGIES** ☐ Yes ☐ No**Allergy Type:**

- ☐ Food List food(s): \_\_\_\_\_
- ☐ Medication List medication(s): \_\_\_\_\_
- ☐ Bee stings or insect bites
- ☐ Other: \_\_\_\_\_

Date of last severe reaction: \_\_\_\_\_

Date of last hospital or emergency room visit due to allergies: \_\_\_\_\_

**Currently prescribed medications and treatments for allergies:**

- ☐ Oral antihistamine (Benadryl, etc.)
- ☐ Epinephrine ☐ Has Epinephrine Auto-Injector
- ☐ Other: \_\_\_\_\_

**FOOD RESTRICTIONS** ☐ Yes ☐ No

- ☐ Due to Gastrointestinal (Digestive) distress List food(s): \_\_\_\_\_
- ☐ Due to religious or other preferences List food(s): \_\_\_\_\_

**ASTHMA** ☐ Yes ☐ No**Currently prescribed medications and treatments for asthma:**

- ☐ Daily control (prevention) medication
- ☐ As needed (rescue) medication

Date of last hospital or emergency room visit due to asthma: \_\_\_\_\_

**DIABETES** ☐ Yes ☐ No

Date of last hospital or emergency room visit due to diabetes: \_\_\_\_\_

**Does the student's diabetes require medication and/or blood testing IN SCHOOL?**

- ☐ No
- ☐ Yes List medication(s): \_\_\_\_\_

**SEIZURE DISORDER** ☐ Yes ☐ No**Does the student's seizure disorder require medication IN SCHOOL?**

- ☐ No
- ☐ Yes List medication(s): \_\_\_\_\_

Date of last seizure: \_\_\_\_\_

Date of last hospital or emergency room visit due to seizure: \_\_\_\_\_

**OTHER HEALTH CONDITIONS** ☐ Yes ☐ No

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> ADHD                | <input type="checkbox"/> Congenital Heart Defect | <input type="checkbox"/> Obstructive Sleep Apnea | <input type="checkbox"/> Cancer                               |
| <input type="checkbox"/> Autism              | <input type="checkbox"/> Hemophilia              | <input type="checkbox"/> Nutritional Disorder    | <input type="checkbox"/> Chronic Infection (Hepatitis C, HIV) |
| <input type="checkbox"/> Cerebral Palsy      | <input type="checkbox"/> Sickle Cell Disease     | <input type="checkbox"/> Physical Disability     | <input type="checkbox"/> Congenital/Chromosomal Disorders     |
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Cystic Fibrosis         | <input type="checkbox"/> Eczema                  | <input type="checkbox"/> Depression                           |

☐ Other physical or mental health conditions: \_\_\_\_\_
**Does the student's condition require IN SCHOOL USE of the following?**
**Medications:** ☐ No ☐ Yes List medication(s): \_\_\_\_\_

**Special procedures:** ☐ No ☐ Yes List procedure(s): \_\_\_\_\_

**Special equipment:** ☐ No ☐ Yes List equipment: \_\_\_\_\_
**VISION CONDITIONS** ☐ Yes ☐ No

- ☐
- Glasses
- 
- ☐
- Contacts
- 
- ☐
- Non correctable
- 
- ☐
- Other: \_\_\_\_\_

**HEARING CONDITIONS** ☐ Yes ☐ No

- ☐
- Hearing aid(s)
- 
- ☐
- Non correctable
- 
- ☐
- Other: \_\_\_\_\_

**STUDENT HEALTH CARE AND HEALTH COVERAGE**
**Does the student have health insurance?** ☐ No ☐ Yes Name of health insurance company: \_\_\_\_\_

Name of student's primary care doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Does the student have dental insurance?** ☐ No ☐ Yes Name of dental insurance company: \_\_\_\_\_

Name of student's dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**PARENT/GUARDIAN AUTHORIZATION**

**In the case of an emergency, school staff will call 911. Every attempt will be made to contact a parent, legal guardian or emergency contact. Students will be transported to the nearest Emergency Room unless the parent is on the school premises to assume responsibility for the child.**

The parent/guardian is responsible for providing the school with any medication, special food, supplies, or equipment that the student requires during the school day. Check with the school nurse or registrar to obtain correct medication and procedural forms. If an individual school health care plan is indicated, the parent/guardian is responsible for providing the school nurse with necessary medical information, appropriate authorization forms and written consent to exchange information with the child's physician.

I, \_\_\_\_\_ (do\_\_\_\_) (do not\_\_\_\_) authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form. *This authorization will be in place until or unless you withdraw it. You may withdraw your authorization at any time by contacting your child's school. When information is released from your child's record, documentation of the disclosure is maintained in your child's health or scholastic record.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



WHICH FORM FITS MY FAMILY?

# SCHOOL MEALS AND RESOURCES

***Two Forms – You Only Need One To Be Done!***

## **Family Income Survey Form**

Families of students attending Community Eligibility Provision (CEP) schools should not submit a meal application. Please complete an Income Survey Form instead UNLESS you have children attending a non-CEP school. If your student attends one of the following CEP schools, please complete the ACPS Family Income Survey included on the next page to ensure your school receives the resources it needs to support all students.

Community Eligibility Provision (CEP) schools: Early Childhood Center; Cora Kelly School for Math, Science and Technology; Ferdinand T. Day Elementary School; Francis C. Hammond Middle School; James K. Polk Elementary School; Jefferson-Houston PreK-8 IB School; John Adams Elementary School; Patrick Henry K-8 School; Samuel W. Tucker Elementary School; William Ramsay Elementary School; Alexandria City High School Minnie Howard Campus.

## **Free and Reduced-Price Meal Application**

Eligibility for free and reduced-priced meals is determined by household income and size. If approved, students may also be eligible for other benefits such as low-cost internet services, discounted recreation fees and medical/dental services.

Each school year, a new application is needed. Only one application per household needs to be submitted. If your child(ren) attends one of the schools below, and you believe you may be eligible, please complete the application later in this packet.

Charles Barrett Elementary School; Douglas MacArthur Elementary School; George Mason Elementary School; Lyles-Crouch Traditional Academy; Mount Vernon Community School; Naomi L. Brooks Elementary School; George Washington Middle School; Alexandria City High School King Street Campus.

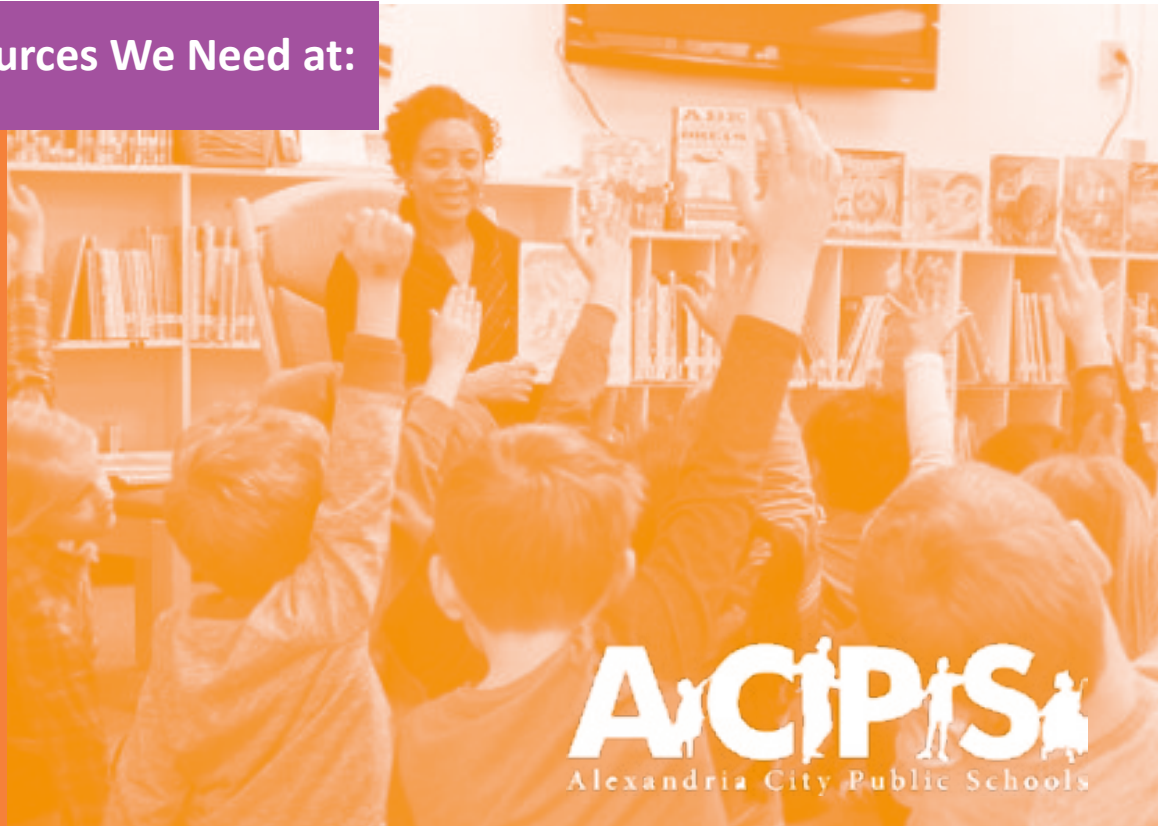
## **QUESTIONS?**

**CONTACT [ASK@ACPS.K12.VA.US](mailto:ASK@ACPS.K12.VA.US) OR YOUR SCHOOL'S FRONT OFFICE**

*All information provided is used solely for determining eligibility  
and handled in a private and confidential manner.*

Help Us Get the Resources We Need at:

Early Childhood Center  
Cora Kelly  
Ferdinand T. Day  
Francis C. Hammond  
James K. Polk  
Jefferson-Houston  
John Adams  
Patrick Henry  
Samuel W. Tucker  
William Ramsay  
ACHS Minnie Howard



**MORE**

Healthy &  
Nutritious Meals



**MORE**

Classroom &  
Teacher Resources



**MORE**

Health &  
Wellness Services



**MORE**

Enrichment  
Programs

## Complete the ACPS Family Income Form. It will mean **MORE** for your school!

When you answer three short questions on the 2023-24 Family Income Form, you are helping make sure your school gets the resources needed to support all students. Please complete your form at [www.acps.cc/cep2023](http://www.acps.cc/cep2023).

**Questions?** Please contact [ask@acps.k12.va.us](mailto:ask@acps.k12.va.us) or your school's front office.



Scan the QR Code to  
complete your ACPS  
Family Income Form.

# Free and Reduced-Price Meals

for ACPS Students in the 2023-2024 School Year



Children need healthy meals to learn. School Nutrition Services is pleased to offer FREE breakfast and/or lunch to eligible students and schools, as part of the federally funded National School Lunch Act and Child Nutrition Act, and administered by the U.S. Department of Agriculture and the Virginia Department of Education.

## FREE BREAKFAST and LUNCH

will be provided to **ALL** students attending a Community Eligibility Provision (CEP) school. The schools listed below are identified as CEP schools for SY23-24:

- ACHS Minnie Howard campus
- Cora Kelly Math, Science & Technology
- Ferdinand T. Day Elementary
- Francis C. Hammond Middle
- James K. Polk Elementary
- Jefferson Houston PreK-8 IB
- John Adams Elementary/Early Childhood Center
- Patrick Henry K-8
- Samuel W. Tucker Elementary
- William Ramsay Elementary

Families of students attending a CEP school **DO NOT** need to complete the Application for Free and Reduced-Price Meals **unless** they have other children attending a non-CEP ACPS school.

## FREE & REDUCED-PRICE MEAL APPLICATIONS

One application per household is required each school year.

AN APPROVED APPLICATION CAN OFFER A FULL RANGE OF HELP

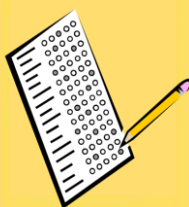
Additional  
funding to  
support  
education



Funding for  
technology and  
internet access



Discounted  
testing fees



Discounted  
fees related to  
college  
applications



Healthy,  
nutritious &  
affordable  
student meals



**Apply online at [www.schoolcafe.com/alexandriacps](http://www.schoolcafe.com/alexandriacps)**

ACPS students may qualify for free or reduced-priced meals if the family household income meets eligibility requirements. Parents who believe their children may be eligible **should** complete a Free and Reduced-Price Meal application online or via paper to determine eligibility.

*If you have received a SY23-24 Direct Certification letter, please **DO NOT** complete an application.*

**Questions?** Contact ACPS School Nutrition Services at 703-619-8048 or [food@acps.k12.va.us](mailto:food@acps.k12.va.us)

# 2023-2024 FREE AND REDUCED-PRICE MEALS LETTER TO HOUSEHOLD | INSTRUCTIONS

Dear Parent and/or Guardian:

Please use these instructions to complete the application for free or reduced-price school meals. Each school year, a new application is required to determine eligibility. Only **ONE** application per household is needed, *even if you have multiple children enrolled in Alexandria City Public Schools*. Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact ACPS School Nutrition Services; **703-619-8048**; **food@acps.k12.va.us**. **DO NOT apply if you received a SY23-24 Direct Certification Letter for your children.**

All meals served must meet standards established by the U.S. Department of Agriculture (USDA). If a child has been determined by a doctor to be disabled, and the disability would prevent the child from eating the regular school meal, the school will make substitutions prescribed by the doctor. If a substitution is needed, there will be no extra charge for the meal. If your child needs substitutions because of a disability, please contact the Director of ACPS School Nutrition Services, **Dr. Eric K. Coleman**, at 703-619-8048 for further information. All children in households receiving Supplemental Nutrition Assistance Program (SNAP) benefits or Temporary Assistance for Needy Families (TANF) are eligible for free meals. Foster children who are the legal responsibility of a foster care agency or court are eligible for free meals. Students who are eligible for Medicaid or are members of households participating in WIC may also be eligible for free or reduced-price meals based on the household's income.

**PLEASE PRINT CLEARLY USING BLUE or BLACK PEN (DO NOT USE A PENCIL or RED INK).**

<b>STEP A:</b>		<b>PROVIDE NAMES OF HOUSEHOLD MEMBERS WHO ARE STUDENTS, INFANTS, OR OTHER CHILDREN.</b>															
<p><b>Who should I list here?</b> When filling out this section, please include ALL members in your household who are:</p> <ul style="list-style-type: none"><li>Children aged 18 or under AND are supported with the household's income;</li><li>In your care under a foster arrangement, or qualify as homeless, migrant, or a runaway youth;</li><li>College students.</li></ul>																	
<p><b>Print child's First, Middle Initial, and Last Name as it is registered with the school. Do not use a nickname.</b></p> <p>If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.</p>	<p><b>Provide date of birth of each child.</b> Write a number in each box to indicate the child's birth date as MM / DD / YY.</p> <p><b>Example:</b> <i>Child's birthdate is May 27, 2016</i></p> <table border="1"><tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td>2</td><td>7</td><td>1</td><td>6</td></tr></table>	M	M	D	D	Y	Y	0	5	2	7	1	6	<p><b>What school does each child attend and grade?</b> Provide the name of the school and grade level of each student.</p>	<p><b>Homeless, Foster, Runaway, Migrant children:</b> If any children listed are <u>foster</u> children, circle the appropriate box for "Foster Child" then skip <b>STEP D</b> unless you are applying for both foster and/or non-foster children, then go to <b>STEP B</b>.</p> <p>If you believe any child listed is Homeless, Runaway, or Migrant, circle the appropriate box and <b>complete ALL STEPS of the application</b>. Contact the ACPS Homeless Education/Foster Care Liaison, at <b>703-619-8071</b> for more information.</p>	<p><b>Does the student have a job or receive money from disability, SSI, or any other source?</b> Indicate how much the student earns and how often.</p>	
M	M	D	D	Y	Y												
0	5	2	7	1	6												
<b>STEP B:</b>		<b>DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?</b>															
<p><b>If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:</b></p> <ul style="list-style-type: none"><li>Supplemental Income Assistance Program (SNAP formerly Food Stamps)</li><li>Temporary Assistance for Needy Families (TANF)</li></ul>																	
<p><b>If no one in your household participates in SNAP and/or TANF:</b></p> <ul style="list-style-type: none"><li>Leave <b>STEP B</b> blank and go to <b>STEP C</b>.</li></ul>			<p><b>If anyone in your household participates in any of the above listed programs:</b></p> <ul style="list-style-type: none"><li>Provide your case number. If you do not know your case number, contact the Department of Community and Human Services (DCHS) office: 703.746.5700. <b>Do Not Provide Medicaid number or EBT card.</b></li><li>Go to <b>STEP E</b>.</li></ul>														

# 2023-2024 FREE AND REDUCED-PRICE MEALS LETTER TO HOUSEHOLD | INSTRUCTIONS

<b>STEP C: PROVIDE NAMES AND INCOME FOR ALL ADULT HOUSEHOLD MEMBERS</b>			
When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, <u>even if they are not related and even if they do not receive income of their own</u> . <b>DO NOT include:</b> People who live with you but are not supported by your household's income AND do not contribute income to your household (such as roommates).			
<b>List adult household members' names.</b> Print the First and Last name of each adult household member as well as their age. <u>Do not list any household members you listed in STEP A.</u>	<b>REPORTING INCOME</b> Write a "0" in any field where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report.		
	<b>Earnings from work.</b> Report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs.  <b>What if I am self-employed?</b> Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue OR can be located on Schedule C of your filed income tax return.	<b>Income from Public Assistance/Child Support/Alimony.</b> Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application.  If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income.	<b>Income from Pensions/Retirement/All other income.</b> Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.
<b>STEP D: CONSENT TO SHARE</b>			
<b>OTHER BENEFITS:</b> The law allows the school division to share your free or reduced-price meal eligibility information with Medicaid and FAMIS. These programs can only use the information to identify children who may be eligible for free or low-cost health insurance, and to enroll them in either Medicaid or FAMIS. These agencies are not allowed to use the information from your free or reduced-price meal application for any other purpose. Medicaid officials or officials with FAMIS may contact you to get more information. You are not required to allow us to share this information with Medicaid or the FAMIS program. Your decision will not affect your children's eligibility for free and reduced-price meals. If you do not want your information shared, please check the appropriate box on the application. You may qualify for other assistance programs. To find out how to apply for SNAP or other assistance programs, contact the local social service office in your area.  <b>ACADEMIC/COMMUNITY SERVICES:</b> By selecting box, you are giving us permission to share your information with school officials and programs for the use of local health and educational services such as Testing Vouchers/Scholarship Determination, Remediation/Tutoring Services, Medical/Dental/Vision clinics, Summer/Recreation Activities, School Supplies, Athletic Fees, Field Trips, Music Equipment, etc.			
<b>STEP E: ATTESTATION – ADULT SIGNATURE AND CONTACT INFORMATION</b>			
<i>An adult household member <b>MUST</b> sign the application as well as indicate Social Security Number (SSN).</i>			
<b>Total Household Size.</b> Enter the total number of household members (Children and Adults) which <b>MUST</b> be equal to the number of household members listed in <b>STEP A</b> and <b>STEP C</b> .	<b>Print and Sign your name.</b> Print the name of the adult signing the application and that person signs in the box "Head of Household Signature."	<b>Provide the last four digits of your Social Security Number (SSN).</b> An adult household member must enter the last four digits of their SSN. If the adult signing this application does not have a SSN, mark the box indicating "I do not have a Social Security Number."	<b>Provide your contact information.</b> Write your current address as well as share phone number(s), email address, or both as it helps us reach you quickly if we need to contact you.
<b>STEP F: CHILDREN'S ETHNIC AND RACIAL IDENTITIES (Optional)</b>			
<b>CONFIDENTIALITY AND NOTICE OF DISCLOSURE:</b> School officials use the information on the application to determine if your child is eligible to receive free or reduced-price meals and to verify eligibility. As authorized by the National School Lunch Act, the school division may inform officials connected with other child nutrition, health, and education programs of the information on your application to determine benefits for those programs or for funding and/or evaluation purposes.			
<b>VERIFICATION:</b> School officials may check your eligibility at any time during the school year. School officials may ask you to send information to prove that your child(ren) should receive free or reduced-price meals.			
<b>FAIR HEARING:</b> You have the right to a fair hearing. If you do not agree with School Nutrition Services' decision on your application or the result of verification, write or call <b>SCHOOL NUTRITION SERVICES at 703-619-8048</b> or write the following official: <b>Dr. Alicia Hart, Chief of Facilities and Operations, 1340 Braddock Place, Alexandria, VA 22314. Phone: (703) 619-8289.</b>			
<b>REAPPLYING FOR BENEFITS:</b> You may reapply for free and reduced-price meals any time during the school year. If you are not eligible now but have a change, such as a decrease in household income, an increase in household size, become unemployed or get SNAP or TANF for your child(ren), fill out an application at that time. <i>Documentation may be required.</i>			
<b>MEAL POLICY:</b> Students who do not have money on account or in hand to cover the cost of a meal at the time of service will be permitted to charge a full meal. <i>Students will not be permitted to charge for a la carte items.</i> Reasonable efforts will be made to avoid calling attention to a student's inability to pay. SNS will notify the principal daily of any unpaid meal charges. The principal's designee will then notify the parent/guardian in the parent's preferred language. After ten (10) meals have been charged, the principal will notify the parents by U.S. mail. Written notifications will include the amount of unpaid meal charges, information on submitting payment, and replenishing the student's meal accounts, as well as contact information for assistance registering for free and reduced meal benefits. In addition, the principal will designate a member of the school support team to schedule a meeting with the parents/guardians to determine whether the student qualifies for free and reduced meal benefits. Therefore, ACPs may notify the department of social services of suspected cases of child neglect.			

Sincerely,

Dr. Eric K. Coleman, MBA, M. Ed, CSC  
 Director, Office of School Nutrition Services

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: 1. mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or 2. fax: (833) 256-1665 or (202) 690-7442; or 3. email: [program.intake@usda.gov](mailto:program.intake@usda.gov).  
 This institution is an equal opportunity provider.

**2023-2024 ALEXANDRIA CITY PUBLIC SCHOOLS Free & Reduced-Price School Meals Household Application** (Complete **ONE** application per household. Please use a pen.)

RETURN TO: School Nutrition Services, 1340 Braddock Place, Alexandria VA 22314; 703-619-8048 • FAX: 703-619-8990; [food@acps.k12.va.us](mailto:food@acps.k12.va.us)

Apply online: [www.schoolcafe.com/alexandriacps](http://www.schoolcafe.com/alexandriacps)

**A. CHILDREN and STUDENT Household Members** (Use a separate sheet of paper if additional space is needed)

**NOTE:** For more information on "Sources of Income for CHILDREN/STUDENTS" and Income Frequency flip to the back of this application.

1. **PRINT** names AND birthdate of **ALL CHILDREN** in the household. Include **INFANTS** and non-ACPS students.
2. If applicable, for each **STUDENT** in the household please **ENTER** the **Name of the School** where the student is currently enrolled and their current **Grade**.
3. If applicable, please **CHECK** if CHILD/STUDENT is: **Foster (F); Homeless (H); Migrant (M); and/or a Runaway (R)**

**IF CHILD/STUDENT RECEIVES INCOME FROM WORK OR ANY OTHER SOURCE ENTER TOTAL GROSS INCOME BELOW**  
**LEAVE BLANK IF CHILD/STUDENT DOES NOT RECEIVE INCOME**

PRINT First Name	Middle Initial	PRINT LAST Name	Birthdate			PRINT School Name	Grade	Foster (F); Homeless (H); Migrant (M); Runaway (R)				GROSS Income	CHECK ONE Income Frequency		
			MM	DD	YY										
1.								H	M	R	F	\$	Weekly (W) Monthly (M)	Bi-Weekly (B) Annually (A)	Semi-Monthly (S)
2.								H	M	R	F	\$	Weekly (W) Monthly (M)	Bi-Weekly (B) Annually (A)	Semi-Monthly (S)
3.								H	M	R	F	\$	Weekly (W) Monthly (M)	Bi-Weekly (B) Annually (A)	Semi-Monthly (S)
4.								H	M	R	F	\$	Weekly (W) Monthly (M)	Bi-Weekly (B) Annually (A)	Semi-Monthly (S)

**B. Assistance Programs – SNAP, TANF, FPDIR** | If you do not know your case number, please contact your case worker. Do Not Provide Medicaid number or EBT card.

Do any Household members (including you) receive SNAP, TANF, or FPDIR benefits? ☐ NO ☐ YES If "YES," enter your Case Number: \_\_\_\_\_ then SKIP to SECTION D.

**C. ADULT Household Members – List ALL household members even if they do not receive income.**

Income Frequency: Weekly (W) | Bi-Weekly (B) | Semi-Monthly (S) | Monthly (M) | Annually (A)

PRINT FIRST and LAST name		Age	GROSS Income Earnings from WORK	CHECK Income Frequency	Public Assistance • Alimony • Child Support	CHECK Income Frequency	Pensions • Retirement • All Other Income	CHECK Income Frequency
Head of Household			\$	W B S M A	\$	W B S M A	\$	W B S M A
Adult			\$	W B S M A	\$	W B S M A	\$	W B S M A
Adult			\$	W B S M A	\$	W B S M A	\$	W B S M A
Adult			\$	W B S M A	\$	W B S M A	\$	W B S M A

**D. Consent to Share**

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

- ☐ School Nutrition Services is allowed to share the information on this application with Medicaid and the Virginia Children's Health Insurance Program called FAMIS. Check box if you do not wish for this information to be shared. Your decision will not affect your child's eligibility for free or reduced priced meals.
- ☐ Your child(ren) might qualify for **ACADEMIC** and **COMMUNITY** services such as Athletic Fees, Testing Vouchers, Dental/Vision clinics, summer activities, etc. By checking box, you are giving us permission to share your information with school officials/programs for the use of local health and educational services.

**TOTAL Number of Household Members** (Children and Adults) **PRINT Name of Head of Household** **Today's Date:**

**Signature of Head of Household** **LAST FOUR DIGITS OF SSN: XXX-XX-** ☐ I **do not** have a Social Security Number.

**F. Children's Racial and Ethnicity Identities (OPTIONAL)**

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

**Ethnicity** (check one): ☐ Hispanic or Latin ☐ Not Hispanic or Latin  
**Race** (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American  
☐ Native Hawaiian or Other Pacific Islander ☐ White

**Street Address** **Apartment/Unit #** **City** **State** **Zip Code**  
**Home Phone No.** **Cell Phone No.** **Work No. (incl. ext. if applicable)** **Email**

For Office Use Only	Total Household: _____	Total Income: \$ _____ <input type="checkbox"/> Weekly (x52) <input type="checkbox"/> Biweekly (x26) <input type="checkbox"/> Semimonthly (x24) <input type="checkbox"/> Monthly (x12) <input type="checkbox"/> Annually	Eligibility Determination: <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied for Income <input type="checkbox"/> Categorical Eligibility: FOSTER HOMELESS SNAP/TANF				Determining Official	Date	
							Reviewing Official	Date	
			Verification Results: NO CHANGE   Free to Reduced   Free to Paid   Reduced to Free   Reduced to Paid Reason for Change: Household Size • Income • No Response/Refused to Cooperate • SNAP/TANF				Verifying Official's Signature		Date
Date Selected	Date Response Due	Date of 2 <sup>nd</sup> Notice	Date of Response						

2023-2024 INCOME ELIGIBILITY GUIDELINES					
Household Size	Weekly (paid 52 times per year)	Bi-Weekly (paid 26 times per year)	Semi-Monthly (paid 24 times per year)	Monthly (paid 12 times per year)	Annually (paid 1 time per year)
1	\$ 519	\$1,038	\$1,124	\$2,248	\$26,973
2	702	1,404	1,521	3,041	36,482
3	885	1,769	1,917	3,833	45,991
4	1,068	2,135	2,313	4,625	55,500
5	1,251	2,501	2,709	5,418	65,009
6	1,434	2,867	3,105	6,210	74,518
7	1,616	3,232	3,502	7,003	84,027
8	1,799	3,598	3,898	7,795	93,536
For each add'l family member, ADD	+ 183	+ 366	+ 397	+ 793	+ 9,509

**ALL Income Should Be Submitted in GROSS Income.**

The Richard B. Russell National School Lunch Act requires information on this application. You do not have to give the information, but if you do not, we cannot process your child(ren)'s application for free or reduced-price meals. You **must** include the last four digits of the social security number (SSN) 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) or Temporary Assistance for Needy Families (TANF) case number 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 investigate violations of program rules.

#### USDA Non-Discrimination Statement

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/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:

**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  
**Email:** [program.intake@usda.gov](mailto:program.intake@usda.gov)

**This institution is an equal opportunity provider.**

Sources of Income for CHILDREN/STUDENTS	
Sources of Income	Examples
<ul style="list-style-type: none"> <li>Earnings from work</li> <li>Social Security               <ul style="list-style-type: none"> <li>Disability Payments</li> <li>Survivor's Benefits</li> </ul> </li> <li>Income from any other source</li> </ul>	<ul style="list-style-type: none"> <li>A child has a regular full or part-time job where they earn a salary or wages.</li> <li>A child is blind or disabled and receives Social Security benefits.</li> <li>A parent is disabled, retired, or deceased and their child receives Social Security benefits.</li> <li>A child receives regular income from a private pension fund, annuity, or trust.</li> </ul>

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



# STUDENT-PARENT SURVEY

Survey Date 10/30/2024

Each Section **MUST** be Completely Filled in Where Applicable

ACPS may receive federal grant funds for enrolling students who are federally connected. If no parent or guardian in your household lives or works on federal property, please complete Section 1 and sign and date at the bottom of the form.

## Section 1: STUDENT INFORMATION

Student Name: Last	First	Middle	Student ID
<hr/>			
Address: Number & Street	City	State	Zip Code
<hr/>			
Name of School	Grade	Birth Date	Home Phone
<hr/>			
If the above property is federal property, please enter the name of the property			
<hr/>			

## Section 2 – EMPLOYMENT INFORMATION: CIVILIANS ONLY working on federal property

Parent/Guardian Name: Last	First	MI	Employer Name	
<hr/>				
Employer Address (Physical Location)	Building Number & Street	City	State	Zip Code
<hr/>				
Federal Property Name ( <i>see back side for list of eligible federal properties</i> )				
<hr/>				
Federal Property Address	Number & Street	City	State	Zip Code
<hr/>				

## Section 3 – PARENT/GUARDIAN EMPLOYMENT INFORMATION: UNIFORMED SERVICES PARENT/GUARDIAN

Enter information in this section if either parent/guardian was on active duty in the Uniformed Services of the United States on the survey date. (If both parents in the household are in the military at the time of the survey date, please fill out a second form).

☐ Student is not military connected – (Do not complete any further in Section 3)

### Branch of Active Service:

- ☐ Air Force    ☐ Army    ☐ Coast Guard    ☐ Marine Corps    ☐ Navy
- ☐ The Commissioned Corps of the National Oceanic and Atmospheric Administration – NOAA
- ☐ The Commissioned Corps of the of the U.S. Public Health Services – USPHS
- ☐ National Guard or Reserves mobilized by Presidential Executive Order 13223 of 9/14/2001 and Title 10 USC (Attach Copy of Activation Orders)
- ☐ National Guard; Reserve
- ☐ Reserve; Student is a dependent of a member of the Reserve Forces (Army, Navy, Air Force, Marine Corps or Coast Guard).

Parent/Guardian Name (Last, First and MI)

Military Rank/Grade

## Section 4 – PARENT/GUARDIAN EMPLOYMENT INFORMATION: FOREIGN MILITARY

Enter information in this section if either parent/guardian was on **active duty** on the survey date. If not, skip this section.

Parent/Guardian Name (Last, First and MI)	Foreign Government Name
<hr/>	
Military Rank/Grade	Branch of Service
<hr/>	

This information is used to support our request for federal funds under the Impact Aid Program (Title VIII of the Elementary and Secondary Act). This information may be provided to the U.S. Department of Education if our application for federal funds is audited. This form must be signed and dated for ACPS to receive its fair share of federal funds.

By signing this form, I am certifying that all typed and written information on this form is accurate and complete as of the survey date.

Signature of Parent/Guardian

Date [mm/dd/yyyy]

## Eligible Federal Properties

- Albert V Bryan Federal Courthouse, 401 Courthouse Sq., Alexandria, VA 22314
- Mt. Weather EOC, 19844 or 19850 Blue Ridge Mountain Rd, Bluemont, VA 20135
- Arlington National Cemetery, Arlington, VA 22211
- MVB Bostetter, Courthouse, 200 S Washington St, Alexandria, VA 22314
- CIA Langley Campus, 1000 Colonial Farm Rd, McLean, VA22101
- Naval Surface Warfare Center, 17320 Dahlgren Rd, Dahlgren, VA 22448
- CIA NRO, 14675 Lee Rd, Chantilly, VA 20151
- NOAA NWS, 43858 or 43872 Weather Service Rd, Sterling, VA 20166
- Dulles International Airport, 1 Saarinen Ci, Sterling, VA 20166
- Pentagon [include bldg location in street address], Arlington, VA 22202
- FAA Air Route Traffic Control Center, 825 E Market St, Leesburg, VA20176
- Ronald Reagan National Airport, 1 Aviation Ci, Arlington, VA 22202
- FAA Potomac TRACON, 3699 Macintosh Dr, Warrenton, VA 20187
- Ronald Reagan National Airport, 2401 Smith Bv, Arlington, VA 22202
- FBI Academy & Laboratory, 2501 Investigation PW, Quantico, VA22135
- Steven F Udvar Hazy Ctr, 14390 Air and Space Museum Pw, Chantilly, VA 20151
- Fort Belvoir 9910 Tracy Loop, Fort Belvoir, VA 22060
- Turner-Fairbank HRC, 6300 Georgetown Pike, McLean, VA 22101
- Fort Belvoir North (NGA), 7500 Geoint Dr, Springfield, VA 22150
- US Army National Guard, 111 S George Mason Dr, Arlington, VA 22204
- Franconia GSA LOC 6808, 6810, 6999, or 7000 Loisdale Rd, Springfield, VA 22150
- US Army Reserve Center, 6901, or 6978 Telegraph Rd, Alexandria, VA 22310
- George P Schulz NFATC, 4000 Arlington Bv, Arlington, VA 22204
- US Attorney's Office (USDOJ), 2100 Jamieson Ave, Alexandria, VA 22314
- George Washington Memorial Parkway, 700 GW Pw, VA 22101
- US Coast Guard Radio Station, 7323 Telegraph Rd, Alexandria, VA 22315
- Henderson Hall, 1555 Southgate Rd, Arlington, VA 22214
- US Geological Survey, 12201 Sunrise Valley Dr, Reston, VA 20192
- Humphreys Engineer Center, 7701 Telegraph Rd, Alexandria, VA 22315
- Warrenton Training Center – Site A, 8094 Shipmadilly Ln, Warrenton, VA 20186
- Hybla Valley Office Bldg, 6801 Telegraph Rd, Alexandria, VA 22306
- Warrenton Training Center – Site B, 7471 Bear Wallow Rd, Warrenton, VA 20186
- Joint Base Myer-Henderson Hall, Fort Myer, VA 22211
- Warrenton Training Center – Site C, 7248 Sumerduck Rd, Remington, VA 22734
- Marine Corps Base Quantico, 3250 Catlin Ave, Quantico, VA 22134
- Warrenton Training Center – Site D, 22129 Confederate Rd, Elkwood, VA 22718
- Mark Center Federal Office Bldg, 1897 N Beauregard St, Alexandria, VA 22350
- Wolf Trap Farm Park, 1551 Trap Rd, Vienna, VA 22182