



MANSFIELD SCHOOL DISTRICT NEW STUDENT REGISTRATION FORM 2024-2025

DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY

SCHOOL ENTRY DATE	STUDENT SCHOOL ID #	STATE SSID #	OTHER ID #	HEALTH ALERT	FTE
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STUDENT NAME Legal Last Name	Legal First Name	Legal Middle Name	Also known as
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BIRTHDATE (MM/DD/YYYY)	GENDER	BIRTHPLACE	CITY	STATE	COUNTRY	GRADE LEVEL
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WHAT LANGUAGE DID YOUR CHILD FIRST LEARN?	LANGUAGE YOUR CHILD PRIMARILY SPEAKS AT HOME?	Number of months attended school outside of the U.S.?
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PRIMARY HOUSEHOLD (Parent/Guardian where student resides) <i>LAST NAME FIRST NAME M.I</i>	RELATIONSHIP <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Guardian / Other:	PRIMARY PHONE NUMBER: WORK #
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PRIMARY HOUSEHOLD (2 ND Adult where student resides) <i>LAST NAME FIRST NAME M.I</i>	RELATIONSHIP <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Guardian / Other:	2 ND Adult's Phone # PARENT/GUARDIAN EMAIL ADDRESS:
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RESIDENT ADDRESS:	Street	Apt#	City	Zip
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MAILING ADDRESS:	Street	Apt#	PO Box	City	Zip
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SECOND HOUSEHOLD (Parent not residing with student) <i>LAST NAME FIRST NAME M.I</i>	RELATIONSHIP <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Guardian / Other:	PHONE NUMBER: WORK #
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SECOND HOUSEHOLD (2 ND Adult) <i>LAST NAME FIRST NAME M.I</i>	RELATIONSHIP <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Guardian / Other:	2 ND Adult's Phone # PARENT/GUARDIAN EMAIL ADDRESS:
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MAILING ADDRESS:	Street	Apt#	PO Box	City	Zip	ADDITIONAL MAILING REQUESTED: <input type="checkbox"/> Yes <input type="checkbox"/> No
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One or more parent /guardians work for the military Yes No

Did guardian move to area to work or seek work in Agriculture, Fishing, or related Food Processing? Yes No

Has student ever been suspended? Yes No

IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT? Yes No (IF Yes, plan must be on file with the school for enforcement)

IS THERE A RESTRAINING ORDER IN EFFECT? Yes No (IF Yes, plan must be on file with the school for enforcement)

Restraining order is against: Mother Father Other: Reason/School:

HAS YOUR CHILD EVER QUALIFIED FOR OR BEEN ENROLLED IN A SPECIAL ED PROGRAM? <input type="checkbox"/> Yes <input type="checkbox"/> No HAS YOUR CHILD EVER QUALIFIED FOR OR HAD A 504 PLAN? <input type="checkbox"/> Yes <input type="checkbox"/> No HAS YOUR CHILD EVER PARTICIPATED IN <input type="checkbox"/> Title <input type="checkbox"/> Lap <input type="checkbox"/> Gifted <input type="checkbox"/> ESL <input type="checkbox"/> Other:	HAS YOUR CHILD EVER BEEN RETAINED? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, at what grade?
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VERIFICATION OF INFORMATION: The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment to Mansfield School District.

Legal Parent / Guardian Signature _____ Date _____

Additional registration information on back...

Does student attend child care? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Before & After School	Child care provider: Name Address Phone #
Additional child care arrangements (Please provide information to school in writing)	

Please list other siblings attending Mansfield School District			
Last Name	First Name	Elementary / Secondary (JH/HS)	Grade

EMERGENCY MEDICAL AUTHORIZATION: I understand that in the event of an accident or illness, every effort will be made to contact parent/guardian immediately. If parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child. _____ **Parent initials**

When injury, illness or other non-emergency situations occur involving your child, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list persons you trust who are available during the day to provide care for your child.

1 st EMERGENCY CONTACT (Other than parent/guardian)	RELATIONSHIP TO CHILD	HOME PHONE	PHONE #2
			PHONE #3
RESIDENT ADDRESS			

2 nd EMERGENCY CONTACT (Other than parent/guardian)	RELATIONSHIP TO CHILD	HOME PHONE	PHONE #2
			PHONE #3
RESIDENT ADDRESS			

STUDENT RELEASE AUTHORIZATION: In the event that the school is unable to contact the parent/ guardian, I authorize that my child be release to the person(s) listed above.

Legal Parent / Guardian Signature _____ Date _____

I give permission for my child to attend field trips and school activities during the school year. Notice will be provided. _____ **Parent Initials**

SCHOOL PREVIOUSLY ATTENDED	SCHOOL DISTRICT PREVIOUSLY ATTENDED	PREVIOUS SCHOOL LOCATION (City, State)
HAS STUDENT EVER ATTENDED MANSFIELD SCHOOL DISTRICT? <input type="checkbox"/> Yes <input type="checkbox"/> No		DATE ATTENDED (Month/Year)

DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY					
BUS ROUTE	DATE RECORDS REQUESTED	BIRTH CERT. ON FILE	IMMUN.RECORDS ON FILE	CLASSROOM	GRADUATING YEAR
AM / PM					

The Mansfield School District complies with all federal and state rules and regulations and does not discriminate on the basis of race, color, national origin, creed, sex, sexual orientation, including gender identity, disability, familial status, marital status or age. This holds true for all staff and for students who are interested in participating in educational programs and/or extracurricular school activities. Inquiries regarding compliance and/or grievance procedures may be directed to RCW Officer and ADA Coordinator. Issues related to 504 should be directed to the Administrator for Student and Support Services.

Drop off at: Mansfield School District, 491 Road 14 NE, Mansfield WA 98830 Or mail to: Mansfield School District, PO Box 188, Mansfield WA 98830

Revised TF 6/26/2024

INITIALS OF REVIEWER _____

2024-25 Race & Ethnicity

Race & Ethnicity Reported by:

Parent/guardian or the student Not reported by parent/guardian or student. Observed

Race & Ethnicity Verified by:

Not Verified District Staff Individual Student Family Access

<input type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> Dominican	<input type="checkbox"/> Panamanian
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Ecuadorian	<input type="checkbox"/> Paraguayan
<input type="checkbox"/> Argentine	<input type="checkbox"/> Guatemalan	<input type="checkbox"/> Peruvian
<input type="checkbox"/> Bolivian	<input type="checkbox"/> Guyanese	<input type="checkbox"/> Puerto Rican
<input type="checkbox"/> Brazilian	<input type="checkbox"/> Honduran	<input type="checkbox"/> Salvadoran
<input type="checkbox"/> Chicano (Mexican American)	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Spaniard
<input type="checkbox"/> Chilean	<input type="checkbox"/> Mexican	<input type="checkbox"/> Surinamese
<input type="checkbox"/> Columbian	<input type="checkbox"/> Mestizo	<input type="checkbox"/> Uruguayan
<input type="checkbox"/> Costa Rican	<input type="checkbox"/> Native	<input type="checkbox"/> Venezuelan
<input type="checkbox"/> Cuban	<input type="checkbox"/> Nicaraguan	<input type="checkbox"/> Other:

<input type="checkbox"/> White

<input type="checkbox"/> Asian (Check all that apply)			
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Mien	<input type="checkbox"/> Sri Lankan
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Hmong	<input type="checkbox"/> Mongolian	<input type="checkbox"/> Taiwanese
<input type="checkbox"/> Bhutanese	<input type="checkbox"/> Indonesian	<input type="checkbox"/> Nepali	<input type="checkbox"/> Thai
<input type="checkbox"/> Burmese / Myanmar	<input type="checkbox"/> Japanese	<input type="checkbox"/> Okinawan	<input type="checkbox"/> Tibetan
<input type="checkbox"/> Cambodian / Khmer	<input type="checkbox"/> Korean	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Cham	<input type="checkbox"/> Lao	<input type="checkbox"/> Punjabi	<input type="checkbox"/> Singaporean
<input type="checkbox"/> Chinese	<input type="checkbox"/> Malaysian	<input type="checkbox"/> Other:	

<input type="checkbox"/> Black (May check categories and use write-in)	
<input type="checkbox"/> African American	<input type="checkbox"/> African Canadian

<input type="checkbox"/> Caribbean	<input type="checkbox"/> British Virgin Islands	<input type="checkbox"/> Dutch Antillean	<input type="checkbox"/> Jamaican
<input type="checkbox"/> Anguillan	<input type="checkbox"/> Caymanian	<input type="checkbox"/> Grenadian	<input type="checkbox"/> Martiniquais
<input type="checkbox"/> Antiguan	<input type="checkbox"/> Cuba Dominica	<input type="checkbox"/> Guadeloupean	<input type="checkbox"/> Montserratian
<input type="checkbox"/> Bahamian	<input type="checkbox"/> Dominican	<input type="checkbox"/> Haitian	<input type="checkbox"/> Puerto Rican
<input type="checkbox"/> Barbadian	<input type="checkbox"/> Other:		

<input type="checkbox"/> Central Africa	<input type="checkbox"/> Chadian	<input type="checkbox"/> Gabonese
<input type="checkbox"/> Principe	<input type="checkbox"/> Congolese – Republic of the Congo	<input type="checkbox"/> Sao Tomean
<input type="checkbox"/> Cameroonian	<input type="checkbox"/> Congolese (Democratic Republic of Congo Rep.)	<input type="checkbox"/> Principe
<input type="checkbox"/> Central African	<input type="checkbox"/> Equatorial Guinean	<input type="checkbox"/> Other:

<input type="checkbox"/> East Africa	<input type="checkbox"/> Kenyan	<input type="checkbox"/> Reunionese	<input type="checkbox"/> Ugandan
<input type="checkbox"/> Burundian	<input type="checkbox"/> Malagasy (Madagascar)	<input type="checkbox"/> Rwandan	<input type="checkbox"/> Tanzanian
<input type="checkbox"/> Comoran	<input type="checkbox"/> Malawian	<input type="checkbox"/> Seychellois	<input type="checkbox"/> Zambian
<input type="checkbox"/> Djiboutian	<input type="checkbox"/> Mauritian (Mauritius)	<input type="checkbox"/> Somali	<input type="checkbox"/> Zimbabwean
<input type="checkbox"/> Eritrean	<input type="checkbox"/> Mahoran (Mayotte)	<input type="checkbox"/> South Sudanese	<input type="checkbox"/> Other:
<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Mozambican	<input type="checkbox"/> Sudanese	

<input type="checkbox"/> Latin America	<input type="checkbox"/> Colombian	<input type="checkbox"/> Guatemalan	<input type="checkbox"/> Paraguayan
<input type="checkbox"/> Argentine	<input type="checkbox"/> Costa Rican	<input type="checkbox"/> Guyanese	<input type="checkbox"/> Peruvian
<input type="checkbox"/> Belizean	<input type="checkbox"/> Ecuadorian	<input type="checkbox"/> Honduran	<input type="checkbox"/> South Georgia
<input type="checkbox"/> Bolivian	<input type="checkbox"/> El Salvadoran	<input type="checkbox"/> Mexican	<input type="checkbox"/> Surinamese
<input type="checkbox"/> Brazilian	<input type="checkbox"/> Falkland Islander	<input type="checkbox"/> Nicaraguan	<input type="checkbox"/> Uruguayan
<input type="checkbox"/> Chilean	<input type="checkbox"/> French Guianese	<input type="checkbox"/> Panamanian	<input type="checkbox"/> Venezuelan
<input type="checkbox"/> Other:			

<input type="checkbox"/> South Africa	<input type="checkbox"/> West Africa	<input type="checkbox"/> Ghanaian	<input type="checkbox"/> Saint Helenian
<input type="checkbox"/> Botswana	<input type="checkbox"/> Benin	<input type="checkbox"/> Guinea-Bissau	<input type="checkbox"/> Senegalese
<input type="checkbox"/> Mosotho	<input type="checkbox"/> Burkina Faso	<input type="checkbox"/> Liberian	<input type="checkbox"/> Sierra Leonean
<input type="checkbox"/> Namibian	<input type="checkbox"/> Cabo Verdean	<input type="checkbox"/> Malian	<input type="checkbox"/> Togolese
<input type="checkbox"/> South African	<input type="checkbox"/> Ivorian (Cote d'Ivoire)	<input type="checkbox"/> Mauritanian	<input type="checkbox"/> Other:
<input type="checkbox"/> Swazi	<input type="checkbox"/> Gambian	<input type="checkbox"/> Nigerien	

<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Kosraean	<input type="checkbox"/> Papuan	<input type="checkbox"/> Tongan
<input type="checkbox"/> Carolinian	<input type="checkbox"/> Marshallese	<input type="checkbox"/> Pohpeian	<input type="checkbox"/> Tuvaluan
<input type="checkbox"/> Chamorro	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Yapese
<input type="checkbox"/> Chuukese	<input type="checkbox"/> Maori	<input type="checkbox"/> Solomon Islander	<input type="checkbox"/> Other:
<input type="checkbox"/> Fijian	<input type="checkbox"/> Ni-Vanuatu	<input type="checkbox"/> Tahitian	
<input type="checkbox"/> I-Kiribati/Gilbertese	<input type="checkbox"/> Palauan	<input type="checkbox"/> Tokelauan	

<input type="checkbox"/> American Indian/Alaska Native (Washington Federally Recognized Tribes)	
<input type="checkbox"/> Chinook Tribe	<input type="checkbox"/> Quinault Indian Nation
<input type="checkbox"/> Confederated Tribes of the Chehalis Res.	<input type="checkbox"/> Samish Indian Nation
<input type="checkbox"/> Confederated Tribes of the Colville Res.	<input type="checkbox"/> Sauk-Suiattle Indian Tribe
<input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nat	<input type="checkbox"/> Shoalwater Bay Indian Tribe
<input type="checkbox"/> Cowlitz Indian Tribe	<input type="checkbox"/> Skokomish Indian Tribe
<input type="checkbox"/> Hoh Indian Tribe	<input type="checkbox"/> Snohomish Tribe
<input type="checkbox"/> Jamestown S'Klallam Tribe	<input type="checkbox"/> Snoqualmie Indian Tribe
<input type="checkbox"/> Kalispel Indian Community	<input type="checkbox"/> Snoqualmoo Tribe
<input type="checkbox"/> Kikiallus Indian Nation	<input type="checkbox"/> Spokane Tribe of the Spokane Reservation
<input type="checkbox"/> Lower Elwha Tribal Community	<input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Res.
<input type="checkbox"/> Lummi Tribe of the Lummi Reservation	<input type="checkbox"/> Steilacoom Tribe
<input type="checkbox"/> Makah Indian Tribe	<input type="checkbox"/> Stillaguamish Tribe of Indians of WA
<input type="checkbox"/> Marietta Band of Nooksack Tribe	<input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Res.
<input type="checkbox"/> Muckleshoot Indian Tribe	<input type="checkbox"/> Swinomish Indian Tribal Community
<input type="checkbox"/> Nisqually Indian Tribe	<input type="checkbox"/> Tulalip Tribes of WA
<input type="checkbox"/> Nooksack Indian Tribe	<input type="checkbox"/> Alaska Native Other:
<input type="checkbox"/> Port Gamble S'Klallam Tribe	
<input type="checkbox"/> Puyallup Tribe	<input type="checkbox"/> American Indian Other:
<input type="checkbox"/> Quileute Tribe	

<input type="checkbox"/> Eastern European		
<input type="checkbox"/> Polish	<input type="checkbox"/> Ukranian	<input type="checkbox"/> Russian
<input type="checkbox"/> Romanian	<input type="checkbox"/> Bosnian	<input type="checkbox"/> Other:



MILITARY FAMILY STATUS

Please check appropriate box that applies to your family:

- (A) US Armed Forces Active Duty
- (G) National Guard Member
- (M) More than one member of Armed Forces/National Guard
- (N) No affiliation
- (R) US Armed Forces Reserves

Student Name

Parent Name

Parent/Guardian Signature

Date



The Home Language Survey is given to *all* students enrolling in Washington schools.

Student Name: _____	Grade: _____	Date: _____
Parent/Guardian Name _____ Parent/Guardian Signature _____		
<p>Right to Translation and Interpretation Services Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.</p>	<p>All parents have the right to information about their child’s education in a language they understand.</p> <p>1. In what language(s) would your family prefer to communicate with the school? _____</p>	
<p>Eligibility for Language Development Support Information about the student’s language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>	<p>2. What language did your child learn first? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child? _____</p> <p>5. Has your child received English language development support in a previous school? Yes ___ No ___ Don’t Know ___</p>	
<p>Prior Education Your responses about your child’s birth country and previous education:</p> <ul style="list-style-type: none"> • Give us information about the knowledge and skills your child is bringing to school. • May enable the school district to receive additional federal funding to provide support to your child. <p><i>This form is not used to identify students’ immigration status.</i></p>	<p>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? (Kindergarten – 12th grade) ___Yes ___No</p> <p style="margin-left: 40px;">If yes: Number of months: _____ Language of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (Kindergarten – 12th grade)</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">Month Day Year</p>	

Thank you for providing the information needed on the Home Language Survey. Contact your school district if you have further questions about this form or about services available at your child’s school.

Note to district: This form is available in multiple languages on <http://www.k12.wa.us/MigrantBilingual/HomeLanguage.aspx>. A response that includes a language other than English to question #2 OR question #3 triggers English language proficiency placement testing. Responses to questions #1 or #4 of a language other than English could prompt further conversation with the family to ensure that #2 and #3 were clearly understood. "Formal education" in #7 does not include refugee camps or other unaccredited educational programs for children.



Forms and Translated Material from the Bilingual Education Office of the [Office of Superintendent of Public Instruction](#) are licensed under a [Creative Commons Attribution 4.0 International License](#).



Child/Children's Name: _____

The following people have my permission to pick up my child(ren). (Do not include those who are already on their emergency contact list)

Name	Relationship	Phone

Any person(s) NOT authorized to pick up my child/children:

PLEASE SEND A NOTE OR MAKE A PHONE CALL TO THE OFFICE IF YOU PLAN TO HAVE SOMEONE WHO IS NOT ON THE LIST PICK UP YOUR CHILD/CHILDREN.

Parent/Guardian Signature: _____ Date: _____

Student Housing Questionnaire

Mansfield School District

491 Rd 14 NE, PO. Box 188, Mansfield, WA 98830

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness (Please see reverse side for more information).

If the student lives in a home owned or rented by the parent or guardian, you do not need to complete this form unless there are inadequate facilities (no water, heat, electricity, etc.)

If the student does not live in a home owned or rented by the parent or guardian, please check all that apply below. (Submit form to the district's designated McKinney-Vento liaison. Contact information can be found at the bottom of the page.)

- | | | |
|--|---|---|
| <input type="checkbox"/> Transitional Housing | <input type="checkbox"/> In a motel | <input type="checkbox"/> In a shelter |
| <input type="checkbox"/> In someone else's house or apartment with another person/family | <input type="checkbox"/> Moving from place to place/couch surfing | <input type="checkbox"/> A car, park, campsite, or similar location |
| <input type="checkbox"/> In a residence with inadequate facilities (no water, heat, electricity, etc.) | <input type="checkbox"/> Other _____ | |

Name of student: _____
First Middle Last

Name of school: _____ Grade: _____ Birthdate (Month/Day/Year): _____ Age: _____

Gender: _____ Student is unaccompanied (not living with a parent or legal guardian)
 Student is living with a parent or legal guardian

Address of current residence: _____

Phone number or contact phone number: _____ Name of contact: _____

Print name of parent(s)/legal guardian(s): _____
(Or unaccompanied youth)

Signature of parent/legal guardian: _____ Date: _____
(Or unaccompanied youth)

The student(s) named above have younger siblings/children (not yet school age) who are in need of developmental screening, community support, or referrals to early childhood services. The district's McKinney-Vento liaison may be able to assist you with age-appropriate resources.

Please return completed form to:

District McKinney-Vento Liaison

Phone Number

Location



Washington Office of Superintendent of
PUBLIC INSTRUCTION

For School Personnel Only: For data collection purposes and student information system coding

(N) Not Homeless (A) Shelters (B) Doubled-Up (C) Unsheltered (D) Hotels/Motels

McKinney-Vento Act 42 U.S.C. 11435

SEC. 725. DEFINITIONS.

For purposes of this subtitle:

(1) The terms enroll' and enrollment' include attending classes and participating fully in school activities.

(2) The term homeless children and youths' —

(A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and

(B) includes —

(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals;

(ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));

(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

(iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

(6) The term unaccompanied youth' includes a youth not in the physical custody of a parent or guardian.

Additional Resources

Parent information and resources can be found at the following:

[National Center for Homeless Education \(NCHE\)](#)

[National Association for the Education of Homeless Children and Youth \(NAEHCY\)](#)

[SchoolHouse Connection](#)



Washington Office of Superintendent of
PUBLIC INSTRUCTION

6. Children's Racial and Ethnic Identities (Optional) – We are required to ask for information about your child(ren)'s race and ethnicity. This information is important and helps make sure we are fully serving our community. Responding to this section is optional and does not affect your child(ren)'s eligibility for free & reduced-price meals.

Mark one or more racial identities:

American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander Hispanic or Latino

Black, or African American White

Mark one ethnicity:

Not Hispanic or Latino

Child Nutrition Eligibility: 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 (Basic Food), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPRI) case number or other FDPRI 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, audiotype, 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:

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
fax: (833) 256-1665 or (202) 690-7442; or
 2. **email:** Program.Intake@usda.gov
- This institution is an equal opportunity provider.

Mansfield School District's Non-Discrimination Statement: Mansfield School District provides equal employment opportunity and treatment for all applicants and staff in recruitment, hiring, retention, assignment, transfer, promotion and training. Such equal employment opportunity will be provided without discrimination with respect to race, creed, religion, color, national origin, age, honorably-discharged veteran or military status, sex, sexual orientation, gender expression, gender identity, marital status, disability or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. Mansfield School District will also take steps to assure that national origin persons who lack English language skills can participate in all education programs, services and activities. For information regarding translation services or bilingual education, contact school office. The following employees are designated to handle questions and complaints of alleged discrimination: *Civil Rights Compliance Coordinator/ Title IX Coordinator & 504/ADA Coordinator Bruce Todd, Superintendent Mansfield School District, PO Box 188 Mansfield, WA 98830-0188 Phone: 509-683-1012*

SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE

ANNUAL INCOME CONVERSION: Weekly x 52; Bi-Weekly x 26; Twice per month x 24; Monthly x 12. (Do NOT convert to annual income unless household reports multiple pay frequencies).

LEA APPROVAL: Basic Food/TANF/FDPIR/Foster Total Household Size _____ Total Household Income \$ _____ Weekly Bi-Weekly 2x per Month Monthly Annual

Income Household

APPLICATION APPROVED FOR: Free Eligible APPLICATION DENIED BECAUSE: Income Over Allowed Amount Other: _____

Reduced-Price Eligible Incomplete/Missing Information

Date Notice Sent _____ Signature of Approving Official _____ Date _____

OSPI _____ Page 2 of 2 _____ April 2024