

W

TRUNK OR TREAT

Come and Join Us!

Friday October 18, 2024

5:30-8:00 PM

Warner Elementary Parking Lot

\$15 entry per child (PK-5th Grade)
price increases at the door
PURCHASE TICKETS AT warnerpto.org/shop



Wear your costumes and join us for a night of family fun!!

OBSTACLE COURSE

Domino's Pizza

SILENT AUCTION

Soda, Water, & Light Snacks available with purchase of food tickets

VOLUNTEER OPPORTUNITIES:

- Setup a Trunk
- Donate Candy
- Volunteer for a Station



TAX FREE & CASHLESS
EVENT!

Warner Elementary PTO

TRUNK OR TREAT

Online Auction

Win a Meet Up
with your
favorite teacher!

Can't make it to our
Trunk or Treat? You can
still bid in our Silent
Auction!

Wanna Break the
Rules?

Win 2 front row
seats at the
Holiday Choir
Concert!



Have the Grand
Hall named after
your family!

Start- Oct. 12 at 8am
Ends - Oct. 18 at 8:00pm

Participate in our auction at
galabid.com/warner





WARNER PTO



Never miss a thing!

VOLUNTEER INFO

Volunteer
Opportunities
and Info



JOIN OUR FACEBOOK GROUP

PTO Posts
Activities &
School Info



SIGN UP TO RECEIVE TEXT NOTIFICATIONS

Join our PTO Remind Group

Text @PTOWW
TO 81010

WANT TO KNOW MORE?

VISIT OUR WEBSITE

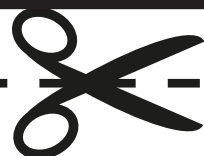


Warnerpto.org



HAVE QUESTIONS?

EMAIL: WarnerWolves@WarnerPTO.org



PARENT VOLUNTEER DRIVE!



Help us stay in touch!

Parents/guardians please complete and return to your home room teacher!

All classes with 100% completed and SIGNED forms by November 1st will be entered in a drawing to win a Domino's Pizza Party during snack time!

Note: If you are already a paid PTO member, still fill out the form so your child gets credit towards the pizza party!

Student Name

Student Homeroom

Parent/Guardian Name

Parent/Guardian Signature

Parent/Guardian Email

By completing and signing this form you are agreeing to receive emails from Warner PTO related to volunteer opportunities and other PTO request & information. Due to privacy laws (FERPA), the school is not allowed to share this information with the PTO. Parent/guardian signature on this form grants permission for PTO to email the information provided.

Character Dress-Up Day with a Storybook Parade

Let's Celebrate Reading! We ♥ books!



Thursday, October 31, 2024 at 8:30am

Who is ONE of your favorite characters from one of your favorite books?

On Thursday, October 31st, every **PreK- 5th grade** student and staff member at Warner Elementary is invited to come to school dressed as their favorite storybook character. We are celebrating our love of reading with a character dress-up day and a storybook parade!

Maybe your favorite character is Gerald from Elephant and Piggie, Hermoine from Harry Potter, Pig the Pug, DogMan, Pigeon, SkippyJon Jones, Odder, Pig the Pug, Bad Kitty or Froggy? **As long as you are dressed-up as a character from a children's book, please participate!**

We have encouraged the students to be resourceful and creative! Make a character costume out of things that you already have at home. It doesn't have to be fancy or elaborate, we would just love for all kids to participate.

This year, we will have a parade to show off our amazing characters. **We are asking that each student carry a copy of their book during the parade.** Your child can check out the book from our library, or you can bring your book from home.

Please remember that all attire must be appropriate for school. Please, no witches, ghosts or other clothing that might distract from learning or scare others. All school and district expectations and rules still apply. All students are asked to wear *school clothing* under or with their outfits. *Please remember, the character must be from a book.*

Parents, our apologies, there will be no visitors during the parade.

If you have any questions, please feel free to contact the library.

I can't wait to celebrate reading with you!

Mrs. Lenk

Mrs. Lenk, MLS

Library Media Specialist @ Warner and Postma Elementary Schools

Julie.lenk@cfisd.net

Book Character Pumpkin Contest



The Warner Elementary Library is hosting a “Book Character Pumpkin Contest”
from Tuesday 10/15 to Thursday, 10/31.

What can you do with a little fabric, a little paint, and other craft supplies to transform an ordinary pumpkin into your favorite storybook character?

We are looking for pumpkins that are created, not carved or punctured! Have your child drop off the decorated pumpkin in the library starting 10/15. Pumpkins that have not been picked up by the end of the day, Friday, 11/1 will be delivered to your child’s classroom and sent home.

Have fun and happy decorating. There will be 10 overall winners!

Participation Rules – **PLEASE READ CAREFULLY!**

- Only one pumpkin per student
 - MUST be book characters.
- No carving or puncturing allowed. No staples or pins.
- Each pumpkin entry must be accompanied by an entry card ↓
 - Do not send the actual book with your pumpkin.
 - Pumpkin can be real or fake
 - No pre-decorated pumpkins

+++++

ENTRY CARD – PLEASE FILL OUT AND BRING WITH YOUR PUMPKIN

PUMPKIN ENTRY CARD

Name: _____ **Grade:** _____

Teacher: _____

Title of Book: _____

Red Ribbon Week

Warner Elementary 2024

October 28-November 1



Monday "We're **kicking** off Red Ribbon Week by giving drugs the **boot!**"
Wear boots.

Tuesday "Twist & Shout! Drugs are out!"
Wear 50's attire to celebrate our 50th Day of School.

Wednesday "Say B00 to Drugs!"
Wear Orange or Black.

Thursday "Drugs are so out of character!"
Dress up as your favorite book character.

Friday "Strike Out Drugs!"
Wear Astros gear.



CFISD Guidance and Counseling
PARENT COLLABORATIVE

**FENTANYL AWARENESS &
CURRENT DRUG TRENDS**

**Featuring: Wendell Campbell,
Drug Intelligence Officer
Houston High Intensity Drug Trafficking Areas
(HIDTA) Program**

**Tuesday, October 8, 2024
6:00 PM - 7:30 PM
The Berry Center
8877 Barker Cypress Rd, Cypress, TX 77433**

**COME JOIN US TO LEARN MORE ABOUT FENTANYL AND
THE LATEST TRENDS IN DRUG USE.**



Register today by scanning the QR Code.

DO GOOD WITH CHIPOTLE



CHIPOTLE FUNDRAISER FOR **WARNER PTO**

25% OF EVENT SALES GET DONATED TO THE CAUSE

TUESDAY, OCTOBER 22ND | 5-9PM
20703 TUCKERTON RD, CYPRESS, TX, 77433

ORDER ONLINE FOR PICKUP USING CODE **CM4R9AK**
OR SHOW THIS FLYER IN RESTAURANT



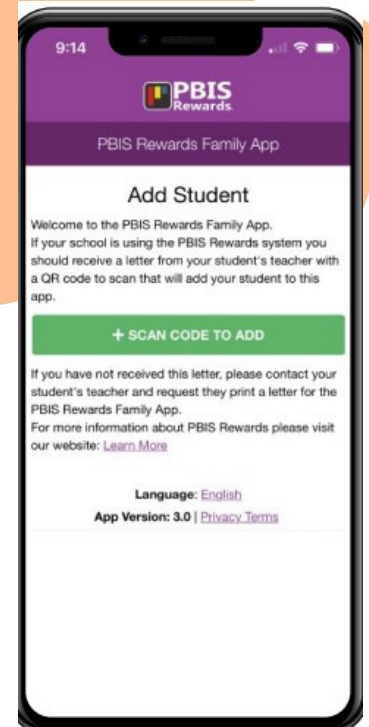
For online orders to count towards the fundraiser, they must be placed for pickup only from the restaurant location of, and during the hours of, the fundraiser. Delivery orders and gift cards do not qualify. \$150 minimum event sales required to receive any donation.

PBIS Rewards

FAMILY APP INFORMATION

WHAT IS IT?

As part of the PBIS Rewards suite of apps, the free PBIS Rewards Family App allows parents and guardians to view student point totals, number of referrals, items purchased with points, and upcoming events for which points can be used.



HOW DO I GET CONNECTED?

Once you download the app onto a smartphone, you can scan a QR code to activate a student in the app. This QR code is unique to each student and is provided to the parent via a letter from the school. The app confirms the QR code, allowing the parent to access to their student's point totals and progress as the school year goes along.



STEPS TO GET CONNECTED

1

Download the PBIS Rewards Family app on your device.

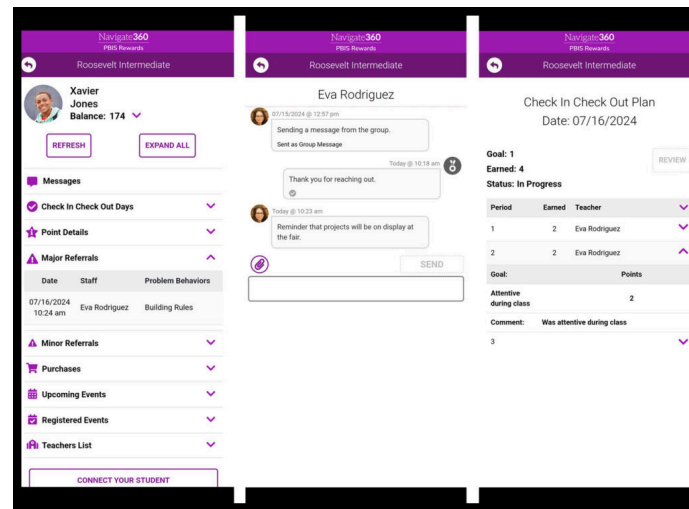


2

Wait for a text or email from your child's teacher which will include a link and QR code to help you get connected to your child.

3

- Communication**
 - Two-way messaging
- Points**
 - view teacher comments for points awarded
- Purchases made by student**
- Contact information for all teachers so parents/guardians can contact staff directly from the app.**



WHY SHOULD I USE IT?

The PBIS Rewards Family App allows parents and guardians to track the progress and point totals of students. The parent/guardian can view the information for each child. The school can generate paper letters, emails, and/or text messages to connect parents and guardians with their students within the app.

REMEMBER...

Remember that...

- This is an easy way to communicate with your child's teacher.
- Reinforce good behavior at home.
- Have conversations with your child about the behaviors and decisions that they make at school.

FRIENDS
are
FOREVER!
llllllll

SCHOOL
RULES!

ORDER YOUR YEARBOOK TODAY!

\$50

Buy yours today at
jostensyearbooks.com

Don't miss your chance to own
this special keepsake!



Jostens

Warner Elementary

NEEDS MORE OF YOU

Sharing photos with the yearbook staff has never been easier.

 PHOTO SUBMISSION DEADLINE

As soon as possible!!

1

Open your phone's camera and scan this code.



Or visit

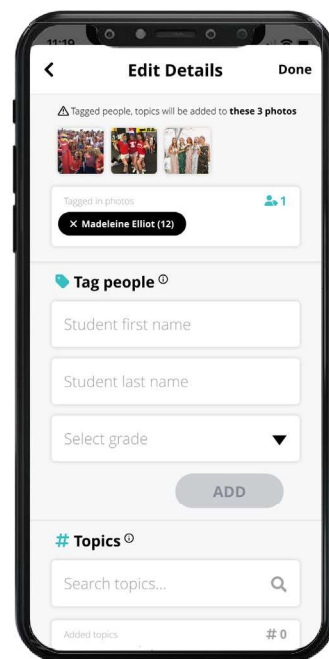
<https://photos.jostens.com/ybk>

2

Upload your favorite photos from the year.

3

Tag students for the yearbook staff.



UPLOAD YOUR PHOTOS TODAY

Use Fast Tag to enter the name and grade of the students in your picture. Pictures of students who do not have permission to be in the yearbook will not be included in the the yearbook.



WE HAVE PARTNERED WITH

Label Daddy®



TO HELP ELIMINATE THE ITEMS THAT
END UP IN OUR LOST AND FOUND.

Steps to order:

1. Visit LabelDaddy.com
2. Click "SUPPORT A FUNDRAISER"
3. Search for "Warner Elementary"
4. Begin Shopping!

Warner will receive 25%
of all purchases!



**SCAN
ME ►**



NOW RECRUITING POLICE EXPLORERS OPEN HOUSE

October 16, 2024 from 7pm-9pm

Cypress Fairbanks ISD Police Department
11200 Telge Road, Cypress, Texas 77429



Scan to RSVP

SCAN ME

**Come check out the CFISD
Police Explorers Open House to
meet our awesome team and
learn about the Police Explorer
program!**





One app for your entire cafeteria

APPLY FOR FREE & REDUCED MEALS

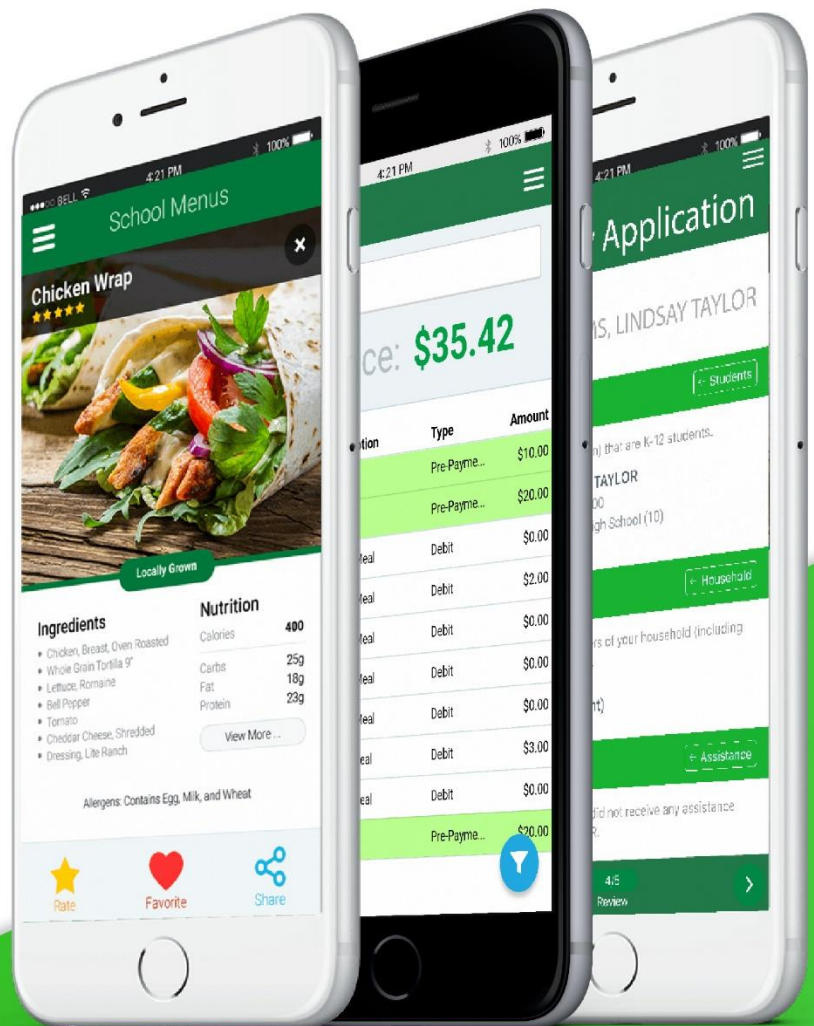
Applying for free and reduced meal benefits has never been easier. Apply, submit, and track your application status from start to finish.

SEE NUTRITIONAL INFO

Check menus, see nutritional information and allergens. Students can rate and favorite menu items all from their phone.

MANAGE BALANCES

Make payments, view purchase history, and receive low balance alerts. For convenience, setup automatic payments to replenish their cafeteria funds.



- Visit www.schoolcafe.com or the SchoolCafe app to apply.
- Call 281-897-4550 or visit the Food Production Center at 11355 Perry Road with questions and for assistance.
- Paper applications are available upon request.

www.schoolcafe.com



HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in **Cy-Fair ISD**. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! 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 **281-897-4550**.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL CHILDREN IN SCHOOL IN THE HOUSEHOLD.

Tell us how many children in school live in your household. They do NOT have to be related to you to be a part of your household. 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.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
 - In your care under a foster arrangement, or qualify as homeless, migrant, runaway, or Head Start.
- A) **List each student's name.** Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. 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.
- B) **Do you have any foster children?** If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.
- C) **Are any children homeless, migrant, runaway, or Head Start?** If you believe any child listed in this section meets this description, mark the corresponding box next to the child's name and complete all steps of the application.

STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS: SUPPLEMENTAL NUTRITION PROGRAM (SNAP), TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), OR FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)?

- A) **IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:** Circle 'NO' and proceed to STEP 3 on these instructions and STEP 3 on your application.
- B) **IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:** Circle 'YES' and provide the case number. You only need to write **one** case number. If you participate in one of these programs and do not know your case number, contact **your local assistance office or call 211**. You must provide a case number on your application if you circled "YES". **Skip to STEP 4.**

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS.

- A) **LIST ALL HOUSEHOLD MEMBERS (including yourself and students listed in Part 1)** who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do not include** people who live with you but are not supported by your household's income AND do not contribute income to your household.
- B) **REPORT TOTAL INCOME** for each household member listed for each source provided. Report all income in whole dollars. Do not include cents. If they do not receive income from any source, write "0". If you write "0" or leave any income fields blank, you are certifying (promising) that there is no income to report. Mark how often each type of income is received by using the boxes to the right of each field.
- **Report all amounts in GROSS INCOME ONLY.** Gross income is the total income received before taxes; many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
 - **What if I am self-employed?** 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.
- C) **REPORT TOTAL HOUSEHOLD SIZE.** Enter the total number of household members in the field "Total Household Size (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.
- D) **PROVIDE THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER.** The household's primary wage earner or another adult household member must provide the last four digits of his/her Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. **Before completing this section, please also make sure you have read the privacy and civil rights statements at the bottom of these instructions.**

- A) **PROVIDE YOUR CONTACT INFORMATION.** Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.
- B) **PRINT AND SIGN YOUR NAME.** Print your name in the box "Printed name of adult completing the form." And sign your name in the box "Signature of adult completing the form."
- C) **WRITE TODAY'S DATE.** In the space provided, write today's date in the box.
- D) **SHARE CHILDREN'S RACIAL AND ETHNIC IDENTITIES (OPTIONAL).** At the bottom of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals.

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, 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: (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.

CÓMO APLICAR PARA COMIDAS ESCOLARES GRATIS O A PRECIO REDUCIDO

Utilice estas instrucciones para ayudarle a llenar la solicitud para comidas gratis o a precio reducido. Sólo tiene que entregar una solicitud por hogar, incluso si sus hijos asisten a más de una escuela en **Cy-Fair ISD**. La solicitud debe ser llenada completamente para certificar a sus niños para comidas escolares gratis o a precios reducidos.

¡Por favor, siga estas instrucciones en orden! Cada paso de las instrucciones es el mismo que los pasos en su aplicación. Si en algún momento no está seguro de qué hacer a continuación, póngase en contacto con **esta oficina al 281-897-4550**.

POR FAVOR USE UNA PLUMA (NO UN LÁPIZ) AL LLENAR LA SOLICITUD Y HAGA TODO LO POSIBLE PARA IMPRIMIR CLARAMENTE.

PASO 1: LISTA DE TODOS LOS NIÑOS EN LA ESCUELA EN EL HOGAR.

Cuéntanos cuantos niños en la escuela viven en su hogar. Ellos NO tienen que ser familiares suyos para ser parte de su hogar. Si hay más niños que líneas presentes en la solicitud, adjunte un segundo pedazo de papel con toda la información requerida para los niños adicionales.

¿Quién debería enumerar aquí? Al llenar esta sección, por favor incluya TODOS los miembros del hogar que son:

- Los niños mayores de 18 años o menores y son compatibles con los ingresos del hogar;
 - En su cuidado bajo un acuerdo de crianza o calificar como niño sin hogar, fugitivo, o Head Start.
- A) **Anote el nombre de cada estudiante.** Imprimir el nombre de cada niño. Utilice una línea de la aplicación para cada niño. Al imprimir nombres, escribir una letra en cada cuadro. Pare si se queda sin espacio. Si hay más niños que presentan líneas en la solicitud, adjunte un segundo trozo de papel con toda la información requerida para los niños adicionales.
- B) **¿Tiene algún hijo de crianza (Foster)?** Si los niños que figuran son hijos de crianza, marque la casilla de "Foster Child" junto al nombre del niño. Si **SOLAMENTE** está solicitando para los niños de crianza, después de terminar el PASO 1, vaya al paso 4. Los niños de crianza que viven con usted pueden contar como miembros de su hogar y deben ser enumerados en su solicitud. Si usted está solicitando tanto de crianza y no hijos de crianza, vaya al paso 3.
- C) **Hay niños sin hogar, emigrante, huye de su casa, o Head Start?** Si usted cree que cualquier niño que aparece en esta sección cumple con esta descripción, marque la casilla correspondiente al lado del nombre del niño y completar todas las etapas de la aplicación.

PASO 2: HAY ALGÚN MIEMBRO DEL HOGAR (INCLUIDO USTED) QUE PARTICIPA ACTUALMENTE EN UNO O MÁS DE LOS SIGUIENTES PROGRAMAS DE ASISTENCIA: PROGRAMA NUTRICIÓN SUPLEMENTARIA (SNAP), ASISTENCIA TEMPORAL PARA FAMILIAS NECESITADAS (TANF), O PROGRAMA DE DISTRIBUCIÓN DE ALIMENTOS EN RESERVACIONES INDÍGENAS (FDFPIR)?

- A) **SI NADIE EN SU HOGAR PARTICIPA EN CUALQUIERA DE LOS PROGRAMAS DE ARRIBA MENCIONADOS:** Círcule 'NO' y vaya al PASO 3 de estas instrucciones y PASO 3 en su solicitud.
- B) **SI ALGUIEN EN SU HOGAR PARTICIPA EN CUALQUIERA DE LOS PROGRAMAS MENCIONADOS ARRIBA:** Círcule 'SÍ' y proporcione el número de caso. Sólo tiene que escribir un número de EDG. Si usted participa en uno de estos programas y no sabe su número de EDG, contacte su oficina local de asistencia o llame al 211. Debe proporcionar un número de EDG en su solicitud si círculo "SÍ". **Vaya al paso 4.**

PASO 3: INFORME DE INGRESOS PARA TODOS LOS MIEMBROS DEL HOGAR.

- A) **ANOTE CADA MIEMBRO DEL HOGAR (incluyéndote a ti mismo y los estudiantes anotados en la parte 1)** que están viviendo con usted que comparten los ingresos y los gastos, incluso si no están relacionados e incluso si no reciben ingresos propios.
- **No incluir** a las personas que viven con usted, pero no son compatibles con los ingresos de su hogar y no contribuyen de ingresos para su hogar.
- B) **REPORTE TOTAL DE INGRESOS** para cada miembro del hogar que figuran para cada fuente proporcionado. Reporte todo el ingreso en dólares enteros. No incluya centavos. Si no reciben ingresos de cualquier fuente, escriba "0". Si escribe "0" o deja cualquier campo de ingreso en blanco, usted está certificando (promete) que no hay ingresos para reportar.
- **Reporte todas las cantidades en el INGRESO BRUTO SOLAMENTE.** El ingreso bruto es el ingreso total recibido antes de impuestos; muchas personas piensan de ingresos como la cantidad que "llevar a casa" y no el total, cantidad "bruta". Asegúrese de que los ingresos que reporta en esta solicitud no se ha reducido para pagar impuestos, primas de seguros, o de cualesquiera otras cantidades tomadas de su pago.
 - **¿Qué pasa si soy propietario de un negocio?** Si usted trabaja por cuenta propia, reporte los ingresos de ese trabajo en forma de su ingreso neto. Esto se calcula restando los gastos operativos totales de su negocio de sus ingresos brutos o ingresos.
- C) **REPORTE TOTAL DEL HOGAR.** Escriba el número total de miembros del hogar en el campo "Tamaño Total del Hogar (Niños y Adultos)." Este número debe ser igual al número de miembros del hogar que figuran en el PASO 3. Si hay algún miembro de su hogar que no se ha incluido en la solicitud, vuelva atrás y añádalos. Es muy importante hacer una lista de todos los miembros del hogar, según el tamaño de su hogar afecta su elegibilidad para recibir comidas gratis o a precio reducido.
- D) **PROPORCIONE LOS ÚLTIMOS CUATRO DÍGITOS DE SU NÚMERO DE SEGURO SOCIAL.** El proveedor principal del hogar u otro miembro adulto de la familia debe proporcionar los últimos cuatro dígitos de su número de seguro social en el espacio correspondiente. Usted es elegible para solicitar los beneficios, incluso si usted no tiene un número de Seguro Social. Si ninguno de los miembros adultos del hogar tienen un número de Seguro Social, deje este espacio en blanco y marcar la casilla a la derecha con la etiqueta "Marque si no tiene SSN."

PASO 4: INFORMACIÓN DE CONTACTO Y FIRMA DE ADULTOS

Todas las solicitudes deberán ser firmadas por un miembro adulto de la familia. Al firmar la solicitud, ese miembro del hogar está prometiendo que toda la información es verdadera y reportada completamente. **Antes de completar esta sección, por favor, también asegúrese de haber leído las declaraciones de privacidad y los derechos civiles en la parte inferior de estas instrucciones.**

- A) **SUS DATOS DE CONTACTO.** Escriba su dirección actual en los campos correspondientes si esta información está disponible. Si no tiene dirección permanente, esto no significa que sus hijos no califican para comidas gratis o a precio reducido. Proveer un número de teléfono, dirección de correo electrónico, o ambos es opcional, pero nos ayuda a alcanzarlo rápidamente si necesitamos comunicarnos con usted.
- B) **ESCRIBA Y FIRME SU NOMBRE.** Escriba su nombre en el cuadro "Nombre impreso del adulto completando el formulario." Y firme su nombre en el cuadro "Firma del adulto completando el formulario."
- C) **ESCRIBA LA FECHA DE HOY.** En el siguiente espacio, escriba la fecha de hoy en el cuadro.
- D) **PROVEA LA IDENTIDAD ÉTNICA Y RACIAL DE LOS NIÑOS (OPCIONAL).** En la parte inferior de la aplicación, le pedimos que provea información sobre la raza y el origen étnico de sus hijos. Este campo es opcional y no afecta la elegibilidad de sus niños para recibir comidas gratis o a precios reducidos escolares.

La Ley de Almuerzo Escolar Richard B. Russell Nacional requiere la información en esta aplicación. Usted no tiene que dar la información, pero si no lo hace, nosotros no podemos autorizar que sus hijos reciban comidas gratis o a precio reducido. Debe incluir los últimos cuatro dígitos del número de seguro social del miembro adulto del hogar quien firma la solicitud. Los últimos cuatro dígitos del número de seguro social no es necesario si usted está solicitando para un hijo de crianza o usted anota el Programa de Asistencia de Nutrición Suplementaria (SNAP), Asistencia Temporal para Familias Necesitadas (TANF) o el Programa de Distribución de Alimentos en Reservas Indígenas (FDFPIR) número de caso u otro identificador FDFPIR para su niño o cuando usted indica que el miembro adulto del hogar que firma la solicitud no tiene un número de seguro social. Nosotros usaremos su información para determinar si su hijo es elegible para recibir comidas gratis o a precio reducido, y para la administración y ejecución de los programas de almuerzo y desayuno. PODEMOS compartir su información de elegibilidad con la educación, y los programas de nutrición de la salud para ayudar a evaluar, financiar o determinar beneficios para sus programas, auditores para revisar programas, y personal de justicia para ayudarles a investigar violaciones de las reglas del programa.

Conforme con la ley federal de derechos civiles y las normas y políticas de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), esta entidad está prohibida de discriminar por motivos de raza, color, origen nacional, sexo (incluyendo identidad de género y orientación sexual), discapacidad, edad, o represalia o retorsión por actividades previas de derechos civiles. La información sobre el programa puede estar disponible en otros idiomas que no sean el inglés. Las personas con discapacidades que requieren medios alternos de comunicación para obtener la información del programa (por ejemplo, Braille, letra grande, cinta de audio, lenguaje de señas americano (ASL), etc.) deben comunicarse con la agencia local o estatal responsable de administrar el programa o con el Centro TARGET del USDA al (202) 720-2600 (voz y TTY) o comuníquese con el USDA a través del Servicio Federal de Retransmisión al (800) 877-8339. Para presentar una queja por discriminación en el programa, el reclamante debe llenar un formulario AD-3027, formulario de queja por discriminación en el programa del USDA, el cual puede obtenerse en línea, en <https://www.usda.gov/sites/default/files/documents/ad-3027s.pdf>, de cualquier oficina de USDA, llamando al (866) 632-9992, o escribiendo una carta dirigida a USDA. La carta debe contener el nombre del demandante, la dirección, el número de teléfono y una descripción escrita de la acción discriminatoria alegada con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR) sobre la naturaleza y fecha de una presunta violación de derechos civiles. El formulario AD-3027 completado o la carta debe presentarse a USDA por: (1) correo: 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 o (202) 690-7442; o (3) correo electrónico: program.intake@usda.gov. Esta entidad es un proveedor que brinda igualdad de oportunidades

STEP 1 — List ALL Children Attending School

Student ID (optional)	Last Name	First Name	MI	Date of Birth (optional)	School Code	Grade (Optional)	Foster	Homeless	Migrant	Runaway	Head Start
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Students enrolled in schools participating in the Community Eligibility Provision (CEP) will receive no cost meals regardless of the completion or eligibility determination of this application.

STEP 2 — Assistance Programs

Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? **Circle one:** Yes / No

If you answered **NO** > Complete STEP 3. If you answered **YES** > Write an Eligibility Determination Group Number (EDG) then skip to STEP 4.

EDG Number:

STEP 3 — All Household Member Income (Skip this step if you answered 'Yes' in STEP 2)

List all household members (including yourself) even if they do not receive income. For each household member listed, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Household Member Name (First and Last)	Gross income and how often it is received: W = Weekly, E = Every 2 weeks, T = Twice per month, M = Monthly															
	Earnings from Work	How Often?				Public Assistance / Child Support / Alimony	How Often?				Pensions / Retirement / All Other Income	How Often?				
		W	E	T	M		W	E	T	M		W	E	T	M	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Household Size (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Another Adult Household Member *** - ** -

*** - ** -

Check if no SSN

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."

Printed name of adult completing the form

Signature of adult completing the form

Today's Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Street Address (if available)

City

State

ZIP Code

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Home Phone Number

Work Phone Number

Email



PASO 1 — Nombre TODOS los Estudiantes

ID del Estudiante (opcional)	Apellido	Primer Nombre	Inicial	Fecha de Nacimiento (opcional)	Escuela	Grado (Opcional)	Adoptivo	Indigente	Migrantes	Huyendo	Head Start
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Nota: Los estudiantes matriculados en las escuelas que participan en el suministro de la Comunidad de Elegibilidad (CEP) recibirán comidas gratis sin importar la determinación final o la elegibilidad de esta solicitud.

PASO 2 — Programas de Asistencia

¿Alguno de los miembros del hogar (incluyendo usted) participan actualmente en uno o más de los siguientes programas de asistencia: SNAP, TANF, or FDPIR? **Circule uno:** Sí / No

Si respondió NO > Complete el PASO 3. **Si respondió SI** > Escribe un Número del Grupo de Elegibilidad Determinación (EDG) luego omite el PASO 3 y vaya al PASO 4.

Número De EDG:

PASO 3 — Todos los Ingresos de los Miembros del Hogar (Sáltese este paso si responde "Sí" al PASO 2)

Lista de todos los miembros del hogar (incluyendo usted) **incluso si no reciben ingresos**. Para cada miembro del hogar en la lista, reporte el ingreso total de cada fuente en dólares enteros solamente. Si no reciben ingresos de cualquier fuente, escriba '0'. Si usted indica "0" o deja algún campo en blanco, se está certificando (promete) que no tiene ingresos para informar.

Nombre de los Miembros del Hogar (Nombre y Apellido)	Ingreso bruto y qué frecuencia que los recibe: W = Semanal, E = Cada Dos Semanas, T = Dos Veces al Mes, M = Mensual																		
	Ganancias del Trabajo	Frecuencia?				Asistencia Pública / Manutención de Menores / Pensión Alimenticia	Frecuencia?				Pensiones / Jubilación / Otros Ingresos	Frecuencia?							
		W	E	T	M		W	E	T	M		W	E	T	M				

Tamaño total del hogar (Niños y Adultos)

Últimos Cuatro Dígitos del Número de Seguro Social (SSN) del Proveedor Principal o de Otro Adulto Miembro del Hogar

*** - ** -

Marque si no tiene SSN

PASO 4 — Información de Contacto y Firma de un Adulto

"Certifico (prometo) que toda la información en esta solicitud es cierta y que todos los ingresos fueron reportados. Entiendo que esta información se proporciona en conexión con el recibo de fondos federales, y que las autoridades escolares pueden verificar (revisar) la información. Soy consciente de que si deliberadamente proveo información falsa, mis niños podrían perder los beneficios de comidas y yo puedo ser procesado bajo las leyes estatales y federales aplicables".

Imprima nombre del adulto llenando este formulario

Firma del adulto que lleno este formulario

Fecha de Hoy

Dirección (si está disponible)

Ciudad

Estado

Código Postal

Teléfono De Casa

Teléfono Del Trabajo

Correo Electrónico



5581

**DO YOU
VOLUNTEER?**

Are you registered in the
Raptor system as a
VOLUNTEER to get Credit
Hours?

**IT'S
EASY!**



REGISTER TODAY!

- 1. Go to <https://www.cfisd.net/Page/1699>**
 - 2. Create a volunteer portal account**
 - 3. Anytime you volunteer for Warner outside of school hours, login to this account and add your hours!**
- Ex: weekend events such as dances and Fall Festival, etc**



Thank You!

Warner Elementary PTO Sponsors



CUB SPONSOR

BRONZE SPONSORS



SILVER SPONSORS

