



Excellence • Connection • Experience

Pine Plains Central School District
Student Registration Packet
Central Registration – Office of Curriculum and Instruction
2829 Church Street
Pine Plains, NY 12567
(518) 398-7181 ext. 1340
FAX: (518) 398-9049

PINE PLAINS CENTRAL SCHOOL DISTRICT
Central Registration
2829 CHURCH STREET • PINE PLAINS, NEW YORK 12567-5504

TEL: (518) 398-7181 ext. 1340 FAX: (518) 398-9049

WWW.PPCSD.ORG

Dear Parents/Guardians,

Welcome to Pine Plains Central School District!

In order to ensure that the District has the most accurate and up-to-date information about your child, we have included the following information regarding the registration process.

1. Parent/Guardian must print and complete one (1) registration packet per student that is being registered. Packets can be obtained from the school website at www.ppcsd.org or by calling Central Registration at **(518) 398-7181 ext. 1340**.
2. Parent/Guardian must bring completed registration packet(s) AND the following documentation to the Central Registration office at Stissing Mountain Junior/Senior High School.

- ☐ Proof of Age – Birth Certificate, baptismal certificate or passport
- ☐ Parent/Guardian Photo I.D.
- ☐ Current physical (no later than twelve (12) months old) signed by licensed physician
- ☐ Immunization Records
- ☐ Custody paperwork, or proof of Guardianship (if applicable)
- ☐ One (1) Proof of Residency (parent/guardian's name must appear on these documents)

Homeowners: Original tax bill, title, mortgage statement, or piece of mail

OR

Renters: Original lease, utility bill, or piece of mail

OR

If you are living with a homeowner or renter of the District, the resident of the District must provide a notarized letter stating that you and your child(ren) reside at such address, along with an additional proof of residency listed above.

Please note: For additional information on ways to show residency, refer to *A Guide to Understanding the New Rules for School Registration* located on the Student Registration page of the District website, www.ppcsd.org.

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STUDENT INFORMATION

Last Name	First Name	Middle Name
Date of Birth (MM/DD/YYYY)	Does your child have an IEP or 504 plan?	Gender
	IEP / 504 / NO	
Re-entering PPCSD?	County of Residence (Circle One)	Grade Level
Yes / No	Dutchess / Columbia	

STUDENT RACIAL AND ETHNIC IDENTIFICATION

Parent/Guardian: The Pine Plains Central School District, in compliance with federal regulations, requires the collection and recording of the ethnic identity of students in the Pine Plains Central School District in accordance with the federal categories and definitions. This information is used to report the information to State and Federal Education Departments.

Please answer the following. Please read carefully before you respond.

Check (✓) the box that best describes your child. PLEASE CHECK ONLY ONE BOX.

Is your child Hispanic, Latino, or of Spanish origin? Hispanic, Latino or Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture of origin, regardless of race.

- ☐ Yes, Hispanic
- ☐ No, not Hispanic

Select one or more races from the following five racial groups. Check at least one (1) box, but choose all groups that apply to your child.

- ☐ **AMERICAN INDIAN OR ALASKAN NATIVE:** A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition. For example: Cherokee, Mohawk, Inuit
- ☐ **ASIAN:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. For example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam
- ☐ **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- ☐ **BLACK:** A person having origins in any of the Black racial groups of Africa
- ☐ **WHITE:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East

Signature of Parent/Guardian

Date

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HOUSEHOLD INFORMATION

The information requested is necessary for the school district to register your child and enter them into our Student Data Management System. Please fill out the form completely and accurately. Evidence of your child's date of birth, proof of residency in the district, and immunization is required before we can register your child. Thank you for your cooperation.

Parent/Guardian A (Student's Primary Address)	
Full Legal Name (Last Name, First Name)	Relationship to Student
Residential Address (Street)	City, State, Zip Code
Mailing Address (if different)	City, State, Zip Code
Email Address	Home Phone
Work Phone (including extension)	Cell Phone
Parent/Guardian B	
Full Legal Name (Last Name, First Name)	Relationship to Student
Residential Address (Street)	City, State, Zip Code
Mailing Address (if different)	City, State, Zip Code
Email Address	Home Phone
Work Phone (including extension)	Cell Phone

Is there a custody agreement in place for your child? (circle one) **YES** / **NO**

If so, please indicate the type of agreement. (Sole, joint, etc.): _____

PLEASE PROVIDE A COPY OF YOUR CUSTODY AGREEMENT AT TIME OF REGISTRATION

All Siblings/Other Children Living at Primary Address (use separate sheet if more room is needed)				
Last Name	First Name & MI	DOB	Gender	School/Grade

I hereby certify that all statements made on this registration form are true and correct to the best of my knowledge.

Signature of Parent/Guardian

Date

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EARLY DISMISSAL/EMERGENCY CONTACT INFORMATION

Please note that the contacts listed below will be given authority to pick up your child(ren) in the event the parents/guardians are unable to be reached. **All four contacts do not have to be filled out.**

Full Name	Primary Phone No.	Alt. Phone No.	Relationship to Student
Full Name	Primary Phone No.	Alt. Phone No.	Relationship to Student
Full Name	Primary Phone No.	Alt. Phone No.	Relationship to Student
Full Name	Primary Phone No.	Alt. Phone No.	Relationship to Student

The District uses an automated telephone alert system called Blackboard Connect to contact the above-listed parents and/or emergency contacts re: school closings, early dismissals, emergency evacuations, etc. In certain circumstances, only two (2) contacts will be called. In other circumstances, ALL contacts will be called. Please list the phone numbers in the order you would like them called. **Do not include any contact numbers you do not want called.**

1	
2	
3	
4	
5	
6	
7	
8	

I, the undersigned, do hereby authorize officials of the Pine Plains Central School District to contact directly the person named on this form, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians, other persons named on this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever actions is deemed necessary in their judgement, for the health of the aforesaid child. I will not hold the district financially responsible for the emergency care and/or transportation for said child. I authorize, on a need to know basis, Pine Plains Central School District Personnel and any treating medical personnel to have access to my child's medical records. (Requires signature of all parents/guardians the student resides with.)

Print Name (Parent/Guardian A)

Signature (Parent/Guardian A)

Print Name (Parent/Guardian B)

Signature (Parent/Guardian B)

Date

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STUDENT RESIDENCY QUESTIONNAIRE

Name of School: _____

Name of Student: _____

Student's Present Address: _____

Date of Birth: _____ Age: _____

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency questionnaire help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement (i.e., irregular, inadequate, not fixed?)
_____ YES _____ NO
2. Is this temporary living arrangement due to loss of housing or economic hardship?
_____ YES _____ NO

Where is the student presently living? (Check only one (1) box)

- ☐ With another family or other person because of loss of housing or as a result of economic hardship
- ☐ In a hotel / motel / shelter (circle one)
- ☐ In a car, park, bus, train or campsite
- ☐ Other temporary living situation (Please describe): _____
- ☐ In permanent housing

Name of Parent(s)/Legal Guardian(s): _____

Prior Address (if applicable): _____

City, State, Zip: _____

Presenting a false record or falsifying records is an offense under Section 37_10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d)

Signature of Parent/Legal Guardian

Date

FOR OFFICE USE ONLY

I certify the above-named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

Date: _____ McKinney-Vento Liaison Signature: _____

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AUTHORIZATION TO REQUEST RECORDS

*Please complete the **TOP SECTION ONLY** of this form, then sign and return this form to the Pine Plains Central School District with your registration packet.*

Student Name: _____ Grade: _____ DOB: _____
Address: _____
Name of Previous School Attended: _____
School Address: _____
School Phone: _____ School Fax: _____

The student named above has enrolled in our school district. Please provide copies of the following records concerning this student:

- ___ Academic Records (Transcript/Report Card)
- ___ Standardized Test Scores
- ___ Health Records (Immunizations/Last Physical)
- ___ Psychological (CONFIDENTIAL)
- ___ Individual Education Plan (CONFIDENTIAL)
- ___ Other: _____

I, the parent/guardian of the above-named child, hereby give my consent to the release of academic, psychological, special education and medical records regarding my child.

Signature of Parent/Guardian

Date

Please send records to:

- ☐ **Cold Spring Early Learning Center (Grades PK-1)**
ATTN: Main Office – Student Records
FAX: (845) 868-1105
- ☐ **Seymour Smith Intermediate Learning Center (Grades 2-5)**
ATTN: Main Office – Student Records
FAX: (518) 398-1141
- ☐ **Stissing Mountain Junior/Senior High School (Grades 6-12)**
ATTN: Central Registration
FAX: (518) 398-9049

**Or email records to: Central Registration –
Pine Plains Central School District**

j.lydon@ppcsd.org

FOR OFFICE USE ONLY

Date registered: _____

Records request sent on: _____

Records received on: _____



STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234
Office of P-12

Elisa Alvarez, Associate Commissioner Office of
Bilingual Education and World Languages

55 Hanson Place, Room 594
Brooklyn, New York 11217
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB
Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7948

Home Language Questionnaire (HLQ)

Dear Parent or Person in Parental Relation:
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.

STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
		☐ Male
Month	Day	Year
☐ Female		
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to

HOME LANGUAGE CODE

Language Background (Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	☐ English	☐ Other	_____
			specify
2. What was the first language your child learned?	☐ English	☐ Other	_____
			specify
3. What is the Home Language of each parent/guardian?	☐ Parent 1	☐ Parent 2	_____
	☐ Guardian(s)		_____
			specify
4. What language(s) does your child understand?	☐ English	☐ Other	_____
			specify
5. What language(s) does your child speak?	☐ English	☐ Other	☐ Does not speak
			specify
6. What language(s) does your child read?	☐ English	☐ Other	☐ Does not read
			specify
7. What language(s) does your child write?	☐ English	☐ Other	☐ Does not write
			specify

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

SCHOOL DISTRICT INFORMATION:

STUDENT ID NUMBER IN NYS STUDENT
INFORMATION SYSTEM:

District Name (Number) & School:

Address:

Home Language Questionnaire (HLQ)—Page Two

Educational History

8. Indicate the total number of years that your child has been enrolled in school _____

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.

Yes* No Not sure

☐
☐
☐

*If yes, please explain: _____

How severe do you think these difficulties are? ☐ Minor ☐ Somewhat severe ☐ Very severe

10a. Has your child ever been **referred** for a special education evaluation in the past? ☐ No ☐ Yes* **Please complete 10b below*

10b. **If referred for an evaluation*, has your child ever **received** any special education services in the past?

☐
☐

No Yes – Type of services received: _____

Age at which services received *(Please check all that apply):*

☐

Birth to 3 years (Early Intervention)

☐

3 to 5 years (Special Education)

☐

6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)? ☐ No ☐ Yes

11. Is there anything else you think is important for the school to know about your child? *(e.g., special talents, health concerns, etc.)*

12. In what language(s) would you like to receive information from the school? _____

Month: Day: Year:

Signature of Parent or of Person in Parental Relation

Date

Relationship to student: ☐ Parent ☐ Other: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: _____ POSITION: _____

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW

NAME: _____ POSITION: _____

ORAL INTERVIEW NECESSARY: ☐ No ☐ Yes

**DATE OF INDIVIDUAL
INTERVIEW:

Mo. Day Yr.

OUTCOME OF
INDIVIDUAL
INTERVIEW:

☐ ADMINISTER NYSITELL

☐ ENGLISH PROFICIENT

☐ REFER TO LANGUAGE PROFICIENCY TEAM

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: _____ POSITION: _____

DATE OF NYSITELL
ADMINISTRATION:

Mo. Day Yr.

PROFICIENCY LEVEL
ACHIEVED ON
NYSITELL:

☐ ENTERING

☐ EMERGING

☐ TRANSITIONING

☐ EXPANDING

☐ COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:

Pine Plains Central School District Health History

Student ID# _____

Student name: _____ Sex: _____ Date of birth: _____

(Last, First, MI)

Parent/Guardian: _____ Relationship to child: _____

Parent/Guardian: _____ Relationship to child: _____

Siblings: _____ Date of Birth: _____ Date of Birth: _____

_____ Date of Birth: _____ Date of Birth: _____

Check YES or NO to all items. Provide details on right for any items marked YES.

YES	NO	ALLERGIES	Details / Dates <u>*List specific allergy and type of reaction</u>
		Food allergy	
		Peanut allergy	
		Tree nut allergy	
		Medication allergy	
		Seasonal or environmental allergies	
		Allergy to bees, other stinging insects	
		History of sting allergy in family (specify)	
		Has child ever been stung?	
		Does child have an Epi-Pen?	
		Other allergies:	
YES	NO	Health Conditions	Details / Dates
		Asthma / Reactive airway	
		Does child use an inhaler and/or nebulizer?	
		Pneumonia or lung disorder	
		Heart murmur	
		Heart condition / high blood pressure	
		Bleeding disorder / Anemia	
		Diabetes Date diagnosed: Insulin dependent: Yes / No	
		Diabetes in immediate family?	
		Seizure disorder Type: Medication:	
		Serious concussion or head injury	
		Recurrent headaches / migraines	
		Serious accident / injury	
		Surgery / Hospitalizations:	
		Fractures : specify	
		Joint or muscle disease / orthopedic problems / Mobility concerns / AFOs / Special Equipment (please list)	
		Scoliosis or abnormal spinal curve	
		Kidney or urinary problems	
		Special Diet / Bowel or digestive problem	
		Lactose intolerance	
		Gluten intolerance (celiac disease)	
		Skin condition	
		Lyme disease	
		Rheumatic fever	

YES	NO	Health Conditions	Details / Dates
		Mononucleosis (Mono)	
		Chicken pox (varicella)	
		Attention Deficit Disorder (ADD or ADHD) Date diagnosed: Current medication: Previous medication:	
		Autism / Asperger's	
		Neurological disorder	
		Behavioral or psychological disorder	
		Other:	
YES	NO	Specialists / Services	Details / Dates
		Speech/Language	
		Occupational Therapy	
		Physical Therapy	
		Neurologist	
		Psychology services (e.g. Counseling)	
		Allergist	
		Ear, Nose and Throat Specialist / Audiologist	
		Ophthalmologist / Optometrist	
YES	NO	Hearing and Vision	Details / Dates
		Frequent ear infections / fluid in ear / tubes	
		Hearing loss: (Left / Right) Due to: Last evaluation:	
		Hearing aid / Baha / Cochlear Implant / FM trainer	
		Vision problems/ eye defect / Legally Blind: Date of last vision exam:	
		Wears glasses / contacts / both At all times: Distance: Reading:	
		Color deficiency	
		Other:	

List all medications your child takes on a daily or frequent basis: _____

*Are there any medications to be taken while school is in session? _____

**School medication policy, including physicians order, must be followed.*

List any health concerns not previously addressed: _____

Health History Informed Consent

The disclosure of student health information within the school is limited to the information necessary to serve the student's health or educational interest. Your signature gives permission for the nurse to inform school staff of precautions and procedures to protect your child in the classroom and to foster academic success.

Your signature is an informed consent to share this health history information with school staff on a need-to-know basis for academic success and emergency plans, as determined by the nurse.

Parent/Guardian Signature _____ Date: _____

Phone Number: _____

PINE PLAINS CENTRAL SCHOOL DISTRICT

TRANSPORTATION DEPARTMENT

In-district Request for Transportation – New Registrant

Note: To be eligible for transportation, children must be at least four (4) years of age and resident of the school district. Bus stop exceptions may be requested, but are not guaranteed. If a change needs to be made during the school year, an additional transportation request form must be filled out and submitted to the Transportation Department no less than two weeks prior to the effective date. All changes are subject to approval and are not guaranteed. It is your responsibility to provide accurate information so that the district can schedule routes and determine capacity and budgetary needs. New registrants must submit proof of residency and all address changes require an updated verification of residency. All routes are subject to changes for safety and efficiency throughout the year.

PLEASE MAKE SURE THIS FORM IS FILLED OUT COMPLETELY PRIOR TO SUBMITTING IT.

SCHOOL OF ATTENDANCE (circle one)	Stissing Mtn JR/SR HS	Seymour Smith ILC	Cold Spring ELC	
TRANSPORTATION REQUEST (circle one)	AM ONLY	PM ONLY	BOTH	NONE

STUDENT INFORMATION

Last Name _____		First _____	MI _____	Date of Birth _____	
Street Address _____				Student Grade _____	
City _____		State _____	Zip _____	☐ M	☐ F
Parent/Guardian Names: 1. _____		(Please Print)	2. _____ (Please Print)		
1. Home #: (____) _____	Work #: (____) _____		Cell #: (____) _____		
2. Home #: (____) _____	Work #: (____) _____		Cell #: (____) _____		
Email Address 1. _____		2. _____			

EMERGENCY CONTACT – OTHER THAN PARENT OR LEGAL/CUSTODIAL GUARDIAN

Contact Name: _____	Relationship to Student: _____	
Home Phone #: (____) _____	Work Phone#: (____) _____	Cell Phone #: (____) _____
Signature of Parent/Guardian: _____		Date _____

FOR DISTRICT TRANSPORTATION USE ONLY

Received By: _____
Proof of Residency Verified: _____
Student ID #: _____

Reason: _____ Request (circle one): **APPROVED** **DENIED**

Signed: _____
Supervisor of Transportation

SUBMIT COMPLETED FORM TO:

Pine Plains Central School District
Transportation Department
2829 Church Street
Pine Plains, NY 12567

Phone: (518) 398-3000 ext. 3115
Fax: 518-398-1140
E-mail: bus.routes@ppcsd.org

TRANSPORTATION **WILL NOT** BE PROVIDED TO STUDENTS UNLESS A REQUEST FORM IS SUBMITTED.



Pine Plains Central School District

Student Technology Use - User Agreement Form (7/14/23)

The Pine Plains Central School District is committed to utilizing technology in an efficient manner to help enhance instruction, facilitate the learning process, provide additional resources, improve communication, and manage data.

As a student user of the technology resources and network resources provided by the PPCSD, I understand and will abide by the terms and conditions below as established by our Acceptable Use Policy. I also understand that the use of these resources is a **privilege, not a right**, and that the improper use of these resources can result in the cancellation of privileges. Furthermore, inappropriate use of these resources may result in disciplinary action and/or appropriate legal action as required by state and federal law and/or the cost of damages resulting from deliberate, malicious, willful acts of destruction. Activities that are considered inappropriate include, but are not limited to, the following:

- Use of the network or device to facilitate illegal activity.
- Use of the network for commercial or for-profit purposes.
- Use of the network for product advertisement or political lobbying.
- Use of the network or device for hate mail, discriminatory remarks, terroristic threats, and offensive or inflammatory communication.
- Unauthorized or illegal installation, modification, distribution, reproduction, or use of copyrighted materials.
- Use of the network or device to access obscene or pornographic material.
- Accessing material that is harmful to minors or is determined inappropriate or inconsistent with the instructional purposes and mission of the district.
- Use of inappropriate language or profanity on the network or device.
- Use of the network or device to transmit material likely to be offensive or objectionable to recipients.
- Use of the network or device to intentionally obtain or modify files, passwords, and data belonging to other users.
- Impersonation of another network user, attempts at anonymity, or use of pseudonyms.
- Installation of content which is known to be unauthorized or prohibited by the District.
- Use of the network or device to disrupt the work of other users.
- Destruction, modification, abuse, or unauthorized access to network hardware, software, and data by any means, whether physical or electronic (including viruses, malware, adware, etc.).
- Bullying or Cyber-bullying.
- Quoting personal communications in any public or online forum without the original author's prior consent.
- Circumventing or disabling the Internet filters or any other security measure.
- Engaging in the practice of "hacking" for malicious purposes.
- Any other activities that may violate any District Code of Conduct or other relevant Board of Education Policies and Administrative Regulations.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Student Name: _____ Grade: _____

Student Signature: _____



Pine Plains Central School District

District Portable Computing Device Permission Form (7/14/23)

DIRECTIONS:

The checklist below must be reviewed annually. Parents /Guardians and Students need to agree to Pine Plains Central School District's terms and conditions prior to receiving or using district devices.

CHECKLIST:

The undersigned below:

- ☐ Understand that portable devices issued by the PPCSD (e.g. tablets, laptops, chargers etc.) to students or faculty are still owned by the PPCSD.
- ☐ Agree to and Sign the PPCSD's Acceptable Use Policy.
- ☐ Understand that the PPCSD is not responsible for monitoring the Internet and device activity on school issued equipment when students are outside of the schools.
- ☐ Will take responsibility for the proper care of the PPCSD equipment both in and out of school.
- ☐ Understand the consequences of damage to, or loss of, the school property issued.
- ☐ Will bring the PPCSD issued device to school every day.
- ☐ Will ensure that the PPCSD device is fully charged and ready for use prior to arriving on campus.
- ☐ Understand that the PPCSD has the right to monitor all district owned devices, as well as block access to applications and websites. There should be no expectation of privacy for files stored on district issued devices or the cloud (e.g. Google Drive or Microsoft OneDrive).
- ☐ Understand that loaning or borrowing PPCSD issued devices to or from other persons is not allowed.
- ☐ Will take appropriate precautions to keep your usernames and passwords private.
- ☐ Understand that data and/or user customizations made by a student or parent/guardian to the software or operating system of a device may be lost in the event that device servicing is required.
- ☐ Understand that another equivalent device, and not the same device, may be assigned to a student in the event that device servicing is required.
- ☐ Understand that PPCSD issued devices need to be serviced annually and will need to be collected at the end of every school year.
- ☐ Will review any additional or updated information pertaining to devices that may become available.

SIGNATURES:

By signing below, parents/guardians and students acknowledge understanding of all aforementioned content and agree to follow the terms and conditions set forth by the Pine Plains Central School District.

Parent/Guardian Name (please print):_____ Date:_____

Parent/Guardian Signature:_____

Student Name (please print):_____ Date:_____

Student Signature:_____

**Community Eligibility Provision (CEP)/Provision 2 non-base year/Summer Electronic Benefits Transfer (EBT)
Household Income Eligibility Form**

_____ (name/school) is participating in the Community Eligibility Provision (CEP) or Provision 2 in a non-base year. All children in the school will receive meals/milk at no charge regardless of household income or completion of this form. This form is to determine eligibility for additional State and federal program benefits that your child(ren) may qualify for, including Summer Electronics Benefit Program (EBT). Read the instructions on the back, complete **only one** form for your household, sign your name and return it to the school named above. Call _____ (school phone number), if you need help.

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	No Income
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. Then skip to Part 4.

Name: _____ CASE # _____

3. Household Gross Income: List all people living in your household, how much and how often they are paid (weekly, every other week, twice per month, monthly). Do not leave income blank. If no income, check box. If you have listed a foster child above, you must report their personal income.

Name of household member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	☐
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	☐
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	☐
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	☐
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	☐
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	☐
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	☐

4. Signature: An adult household member must sign this application.

I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school may receive federal funds. The school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: _____

Date: _____

Email Address: _____

Home Phone _____

Work Phone _____

DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

**Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12**

SNAP/TANF/Foster
Income

Total Household Income/How Often:

Household Size:

Free Eligibility

Reduced Eligibility

Denied Eligibility

Signature of Reviewing Official

CEP/Provision 2 Non-Base Year Household Income Form INSTRUCTIONS

PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE FORM FOR YOUR HOUSEHOLD.

- (1) Print the names of the children, including foster children, for whom you are applying on one form.
 - (2) List their grade and school.
 - (3) Check the box to indicate a foster child living in your household, and check the box for each child with no income.
-

PART 2 HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

- (1) List a current SNAP (Supplemental Nutrition Assistance Program), TANF (Temporary Assistance for Needy Families) or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. Do not use the 16-digit number on your benefit card. The case number is provided on your benefit letter.
 - (2) An adult household member must sign the form in PART 4. **SKIP PART 3** - Do not list names of household members or income if you list a SNAP, TANF or FDPIR number.
-

PARTS 3 & 4 ALL OTHER HOUSEHOLDS MUST COMPLETE ALL OF PARTS 3 AND 4.

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are completing the form for, all other children, your spouse, grandparents, and other related and unrelated people living in your household. Use another piece of paper if you need more space.
 - (2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.
-

PRIVACY ACT STATEMENT

Insert your LEA's privacy policy statement here.

PINE PLAINS CENTRAL SCHOOL DISTRICT
Central Registration
2829 CHURCH STREET • PINE PLAINS, NEW YORK 12567-5504

TEL: (518) 398-7181 ext. 1340 FAX: (518) 398-9049

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- Kristen Fischetti, Principal – ext. 2201, k.fischetti@ppcsd.org
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- Jennifer Heath, Registered Nurse – ext. 2239, j.heath@ppcsd.org
- Nicole Kluge, Front Desk/Greeter – ext. 2255, n.kluge@ppcsd.org

Seymour Smith Intermediate Learning Center – (518) 398-3000

- Julie Roberts, Principal – ext. 3102, j.roberts@ppcsd.org
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- Jennifer Funk, Registered Nurse – ext. 3103, j.funk@ppcsd.org
- Front Desk/Greeter – ext. 3112

Stissing Mountain Jr./Sr. High School – (518) 398-7181

- Christopher Boyd, Principal – ext. 1300, c.boyd@ppcsd.org
- Sara Von Burg, Assistant Principal – ext. 1300, s.vonburg@ppcsd.org
- Megan Winters, Main Office Secretary – ext. 1300, m.winters1@ppcsd.org
- Margaret Anderson, Registered Nurse – ext. 1336, m.anderson@ppcsd.org
- Juliana Zengen, Registered Nurse – ext. 1335, j.zengen@ppcsd.org
- Wendy Remsburger, Athletics Secretary – ext. 1366, w.remsburger@ppcsd.org

Transportation Department – (518) 398-3000

- Kelly Roger, Assistant Supervisor of Transportation – ext. 3115, k.roger@ppcsd.org

Food Services – (518) 398-7181

- Michael Dandola, Director of Food Services – ext. 1351, m.dandola@ppcsd.org

Central Registration – (518) 398-7181

- Jenn Lydon, District Registrar – ext. 1340, j.lydon@ppcsd.org