DETROIT PUBLIC SCHOOLS COMMUNITY DISTRICT

Students Rise. We All Rise.

New Student

Back to School Packet

Please complete this Back to School packet if you are a new enrollee to DPSCD for the 26-27 School Year. The Back to School packet contains important supplemental forms that that must be completed prior to the start of the school year.

School Name:_____

Student Name:_____

Student DOB:_____

Address:_____

Parent Name:_____

Parent Phone:_____

Interested in volunteering with your school or DPSCD?
Scan the QR Code or visit the website below.
bit.ly/DPSCDvolunteerapplication

For more information, please reach out to your school, visit detroitk12.org/backtoschool or call 313.240.4377

DPSCD does not discriminate on the basis of race, color, national origin, sex, sexual orientation, gender identity, disability, age, religion, height, weight, citizenship, marital or family status, military status, ancestry, genetic information, or any other legally protected category, in its educational programs and activities, including employment and admissions Questions? Concerns? contact the Civil Rights Coordinator at (313) 240-4377 or dpscd.compliance@detroitk12.org or 3011 West Grand Boulevard, 14th Floor, Detroit MI 48202.

Tribal Affiliation Data Collection

NOTE: Responding to this questionnaire is optional. The information collected will support coordination and communication with Tribal Nations and help the district determine its eligibility to apply for additional funding to support Indigenous learners.

For this data collection, tribal affiliation refers to an individual with ties to one or more Indigenous Nations through citizenship, membership, enrollment, or descendancy.

Question A: **Is this student tribally affiliated?**

- ☐ **Yes, the student is tribally affiliated**
- ☐ **No, the student is not tribally affiliated**

Question B: **If the student is tribally affiliated, what is their primary tribal affiliation?**

(Choose only one)

- ☐ **Bay Mills Indian Community**
- ☐ **Grand Traverse Band of Ottawa and Chippewa Indians**
- ☐ **Hannahville Indian Community**
- ☐ **Keweenaw Bay Indian Community**
- ☐ **Lac Vieux Desert Band of Lake Superior Chippewa Indians of Michigan**
- ☐ **Little River Band of Ottawa Indians**
- ☐ **Little Traverse Bay Band of Odawa Indians**
- ☐ **Match-e-be-nash-she-wish Band of Pottawatomi Indians of Michigan**
- ☐ **Nottawaseppi Huron Band of the Potawatomi**
- ☐ **Pokagon Band of Potawatomi Indians**
- ☐ **Saginaw Chippewa Indian Tribe of Michigan**
- ☐ **Sault Ste Marie Tribe of Chippewa Indians**
- ☐ **Not Listed**

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Division of School Nutrition

Support Services Complex, Building C • 1601 Farnsworth • Detroit, MI 48211
(313) 578-7220

detroitk12.org

July 1, 2026

Dear Parent or Guardian:

We are pleased to inform you that Detroit Public Schools Community District continues to participate in the Community Eligibility Provision (CEP) as part of the National School Lunch and School Breakfast Programs for the 2026-2027 School Year.

Our participation in CEP ensures that all students enrolled at a District school will receive a healthy breakfast and lunch daily at **NO CHARGE** to your household.

To maintain our program status, parents and guardians **must fill out and sign the Education Benefits Form**, (*formerly known as the Household Information Report*). This form is **critical** in determining the amount of money that your child's school receives from a variety of State and Federal supplemental programs such as Title I A, At-risk (31a), Title II A, E-Rate, etc.

Funding from these supplemental programs, have the potential to provide additional supports and services for our students including, but not limited to:

- Instructional supports (staff, supplies, and materials, etc.)
- Fee application waivers (college applications, ACT/SAT testing, etc.)
- Discounts for internet services
- Student bus discount cards
- Parent and community engagement supplies and activities
- School technology

Please return the completed Education Benefits Form to your child's school as soon as possible to ensure that additional funding is available to meet the needs of our students.

If we can be of any further assistance, please contact us at (313) 578-7220.

Sincerely,

Detroit Public Schools Community District

DPSCD does not discriminate based on race, color, national origin, sex, disability and/or religion.
Contact Compliance for more information at (313) 240-4377 or detroitk12.org/admin/compliance

INSTRUCTIONS FOR COMPLETING THE EDUCATION BENEFITS FORM

This form is used to determine eligibility for state benefits for which your child(ren)'s school may qualify. Please complete, sign, and return this form to your child's school.

If any member of your household receives benefits from the Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, please follow these instructions:

Part A: Student Information – For each student in the household Pre-K through 12th grade, list the last name, first name, grade level, school, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

Part B: Benefits Received – If any household member, including adults, receives Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR), provide the name and case number. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Part C: Household Size - Check the box for the total number of individuals living in your household. This should include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.

Part D: Annual Household Income – Skip this part

Part E: Certification - Sign the form. Print your name and date.

If your household does not receive benefits from the Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, please follow these instructions:

Part A: Student Information - For each student in the household Pre-K through 12th grade, list the last name, first name, grade level, school, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

Part B: Benefits Received – Skip this part

Part C: Household Size – Check the box for the total number of individuals living in your household. This should include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.

Part D: Annual Household Income – Moving across the same row as the household size check box, check the box that shows the range of annual income for all people in your household. Make sure to include all of the following income sources: work, welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, child income and/or all other income. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc.

Part E: Certification - Sign the form. Print your name, date, and contact information.

EDUCATION BENEFITS FORM SY 2026 - 2027

District: _____ School: _____

Part A: STUDENT INFORMATION - Complete for each student Pre-K through 12th Grade

Student's Last Name	Student's First Name	Grade Level	School	Identify H if Homeless M if Migrant R if Runaway F if Foster

Part B: BENEFITS RECEIVED (if applicable)

If any member of your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, provide the name and case number for the person who receives benefits. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Name: _____ Case Number: _____

Part C: HOUSEHOLD SIZE	Part D: ANNUAL HOUSEHOLD INCOME - Select the appropriate range of combined annual income for all people in the household (Include all income before taxes)		
❑ 1 →	❑ At or below $20,748	❑ Between $20,749 and $29,526	❑ At or above $29,527
❑ 2 →	❑ At or below $28,132	❑ Between $28,133 and $40,034	❑ At or above $40,035
❑ 3 →	❑ At or below $35,516	❑ Between $35,517 and $50,542	❑ At or above $50,543
❑ 4 →	❑ At or below $42,900	❑ Between $42,901 and $61,050	❑ At or above $61,051
❑ 5 →	❑ At or below $50,284	❑ Between $50,285 and $71,558	❑ At or above $71,559
❑ 6 →	❑ At or below $57,668	❑ Between $57,669 and $82,066	❑ At or above $82,067
❑ 7 →	❑ At or below $65,052	❑ Between $65,053 and $92,574	❑ At or above $92,575
❑ 8 →	❑ At or below $72,436	❑ Between $72,437 and $103,082	❑ At or above $103,083

*** Special Instructions for households with more than 8 people: DO NOT check the boxes above. Instead, fill in items below:**

Household size (# people): _____ Total annual income: _____

Part E: CERTIFICATION - The head of household or adult designee who completed this form must complete this certification section

I certify (promise) that all information on this form is true and that all income is reported to the best of my knowledge. I understand that this form may impact the amount of State or Federal funding allocated to my local school district. I understand that the information I have provided may be verified.

_____ _____ _____
(Signature) (Printed Name) (Date)

_____
(Address) (City) (Zip)

_____
(Email Address) (Home Phone) (Work Phone)

Do NOT fill out this section. This is for school use only.

Status: F _____R_ _____N _____Determining Official's Signature: _____Date: _____