

NUECES CANYON ELEMENTARY Registration Form for School Year 2026 - 2027

Campus Name: NUECES CANYON

Campus Phone: (830) 597-3218

Campus Fax: (830) 597-6197

STUDENT INFORMATION

Local ID	Student Name	Grade Level	Orig Entry Dt	Track	SSN	☐ Hispanic	☐ Pacific Islander
						☐ White	☐ Black
Gender	Date of Birth	Birth Place	Age (Sept 1st)	Texas Unique ID		☐ Asian	☐ American Indian
Address:						Student Home Phone:	
Mailing Address:						Student Cell Phone:	
Student Email:						Will your child be using bus transportation to get to school? ☐ Yes ☐ No	

PARENT INFORMATION

1. Guardian: _____ Relation: _____	2. Guardian: _____ Relation: _____
Address: _____	Address: _____
City, St, Zip: _____	City, St, Zip: _____
Employer: _____	Employer: _____
Cell Ph: _____ Home Ph: _____ Bus Ph: _____	Cell Ph: _____ Home Ph: _____ Bus Ph: _____
Other Ph: _____ Phone Pref: ☐ Cell ☐ Home ☐ Business ☐ Other	Other Ph: _____ Phone Pref: ☐ Cell ☐ Home ☐ Business ☐ Other
Receive Mailouts: ☐ Yes ☐ No Language Pref: ☐ English ☐ Spanish	Receive Mailouts: ☐ Yes ☐ No Language Pref: ☐ English ☐ Spanish
Emergency Contact: ☐ Yes ☐ No Email: _____	Emergency Contact: ☐ Yes ☐ No Email: _____
Svc Branch: _____ Rank: _____ Enrolling Person: _____	Svc Branch: _____ Rank: _____ Enrolling Person: _____
Right to Transport: ☐ Yes ☐ No Driver License #: _____ State: _____	Right to Transport: ☐ Yes ☐ No Driver License #: _____ State: _____
Vehicle Make: _____ Model: _____ Color: _____	Vehicle Make: _____ Model: _____ Color: _____
Vehicle Plate #: _____ State: _____	Vehicle Plate #: _____ State: _____

EMERGENCY CONTACT INFORMATION

1. Name: _____ Relation: _____ Cell Ph: _____ Home Ph: _____ Bus Ph: _____	Other Ph: _____ Phone Pref: ☐ Cell ☐ Home ☐ Business ☐ Other
Vehicle Make: _____ Model: _____ Color: _____ Plate #: _____ State: _____	Right to Transport: ☐ Yes ☐ No Driver License #: _____ State: _____
2. Name: _____ Relation: _____ Cell Ph: _____ Home Ph: _____ Bus Ph: _____	
Other Ph: _____ Phone Pref: ☐ Cell ☐ Home ☐ Business ☐ Other	Right to Transport: ☐ Yes ☐ No Driver License #: _____ State: _____
Vehicle Make: _____ Model: _____ Color: _____ Plate #: _____ State: _____	
Doctor: _____ Bus Ph: _____ Dentist: _____ Bus Ph: _____	
Hospital: _____ Bus Ph: _____ Other Medical: _____ Bus Ph: _____	

List any Allergies or Health Concerns: _____

SIBLING INFORMATION

Brothers/Sisters	Grade	School	Brothers/Sisters	Grade	School
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

BUS INFORMATION

Eligible: _____	Seat: _____	Special Requirements
Route: _____	Run: _____	Transportation: _____
Pickup Stop: _____	Dropoff Stop: _____	Special Seating: _____
Pickup Assigned: _____	Dropoff Assigned: _____	Wheelchair: _____
Pickup Route: _____	Dropoff Route: _____	

The above information is required for a permanent school record of your child and will be used by school personnel. Presenting false documents, records or information is a violation of state law and may subject you to tuition cost for your child. I certify that the information given above is correct. I authorize the school to contact the person named on this form and the above named physician to render such treatment as may be necessary in an emergency of said child. In the event parents, physician, or other persons named cannot be contacted, school officials are hereby authorized to take whatever action is necessary in their judgment for the health of the above child. I will not hold the school district financially responsible for emergency care and/or transportation.

Parent or Guardian Signature	Date of Birth	Date
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(For Office Use Only)

Teacher Name: _____	Control Nbr: _____	Eligibility Code: _____
Birth Certificate on File: _____	Mil Conn: _____ Foster Care: _____	Immunization on File: _____ Title I: _____
Soc Sec Copy on File: _____	At Risk: _____ Migrant: _____	Hm Lng: _____
Gift: _____ LEP: _____ BIL: _____ ESL: _____	Par Per: _____ Econ: _____	Special Education: Prim: _____ Sec: _____ Tert: _____ Multi: _____

Student Name: _____

District Name: _____

Student ID#: _____

Campus Name: _____

HOME LANGUAGE SURVEY

19 TAC Chapter 89, Subchapter BB, §89.1215

(Home Language Survey only administered during **initial** enrollment in Texas public schools)

To be completed by Parent or Guardian for students enrolling in Prekindergarten* through grade 8 (or by students in grades 9-12).

* Prekindergarten includes any student enrolling in a 3- or 4-year-old school program.

Part One:

The state of Texas requires that the following information be completed for each student who enrolls in a Texas public school for the first time. It is the responsibility of the parent or guardian, not the school, to provide the language information requested by the questions below.

Dear Parent or Guardian:

Please answer the questions below about the languages your child or family uses. If your responses indicate the use of a language other than English, the school will conduct a language proficiency assessment to determine how well your child communicates in English. This information will be used to determine any appropriate linguistic supports and inform instructional recommendations. If you have questions about the purpose and use of the Home Language Survey, or you would like assistance in completing the form, please contact your school/district personnel.

This survey shall be kept in each student's permanent record folder. A copy of this survey shall follow the student while enrolled in any public or open enrolled charter school in Texas.

Part Two:

Please answer the questions to the best of your ability.

1. Which languages are used at home? _____
2. Which languages are used by the child at home? _____
3. If the child had a previous home setting, which languages were used? If there was no previous home setting, answer Not Applicable (N/A). _____

☐ By checking this box, I understand a request to correct an error to this Home Language Survey can only happen if:

- 1) my child has not yet been assessed for English proficiency; and
- 2) corrections are made within two calendar weeks of my child's enrollment date.

Note: Please contact your school about the benefits of bilingual education services. The following resources may also provide information on program services that foster bilingualism.

- [Parent/ Guardian Rights](#)
- [Bilingual Education Program](#)
- [Program Information Videos](#)

Please visit the Emergent Bilingual Support Portal (txel.org) for additional information.

Signature of Parent/Guardian _____ Date _____

Signature of Student if Grades 9-12 _____ Date _____

**Nueces Canyon CISD
Publishing Permission of Photos and Information**

Dear Parent:

You child will be involved in projects during the school year that may include photographs, digital video and basic student information. These items may be presented in a public performance such as a presentation of a project or posting to the school's website or social media. In the event that you child is among those chosen, we are requesting your permission to use his/her photograph or information. Please sign the permission form below.

- ☐ **I give NCCISD permission** for use or display of name, photos, video, artwork or other creative property of my child to be display via Public Presentations, News Paper Articles, NCCISD Website, NCCISD Social Media.

Child Name: _____

Parent/Guardian Signature: _____

- ☐ **I do not give NCCISD permission** for use or display of name, photos, video, artwork or other creative property of my child to be display via Public Presentations, News Paper Articles, NCCISD Website, NCCISD Social Media.

Child Name: _____

Parent/Guardian Signature: _____

We receive request for names, addresses and telephone numbers of students during the school year. We need parent permission to release this information.

Photographers

School Booster Organizations

Parent/Guardian Signature: _____



NUECES CANYON
Consolidated Independent School District
"The Pride of Nueces Canyon"

P. O. Box 118
200 Taylor Street
#1 Panther Circle
Barksdale, Texas 78828
(830) 234-3514 Phone
(830) 234-3435 Fax

PARENTAL PERMISSION FOR EXTRA-CURRICULAR AND CO-CURRICULAR ACTIVITIES

I _____ Give my permission for my son/daughter
_____ to miss class so that he/she may participate in any
co-curricular or extra-curricular activity during the school year.

Student grade level _____

Date _____

FAMILY SURVEY

Dear Parents,

In order to better serve your children the Nueces Canyon school district would like to identify students who may qualify to receive additional educational services. The information provided below will be kept confidential. Please answer the following questions and return this survey form to your child's school.

Para mejorar los servicios educativos de sus hijos, el distrito escolar de Nueces Canyon quisiera identificar estudiantes que puedan calificar para recibir servicios educativos adicionales. Toda la informacion proporcionada sera mantenida confidencial. Favor de responder a las siguientes preguntas y devolver esta forma a la escuela de su nino/a.

1. Have you moved within the last 3 years? ☐ YES ☐ NO
Ha cambiado de residencia usted o alguien en su familia dentro de los ultimos tres anos? ☐ Si ☐ NO
2. If yes, have you done agricultural or fishing related work since you move?(e.g. field work, canneries, lumbering, dairy work, meat processing ☐ YES ☐ NO
Si usted contest "si" en la pregunta anterior, Ha trabajado usted en la agricultura o en la pesca? (por ejemplo, la labor, fabrica de conservas, explotacion de bosques, trabajo en la lecheria, el proceso de carne) ☐ Si ☐ NO

If you answered "yes" to both of the questions above an education representative may contact you to find out whether your child is eligible for additional educational services. Please provide the following information.

Si usted contest "Si" en las dos preguntas anteriores, un representante de distrito escolar quizás se vaya a comunicar con usted para averiguar si su nino/a califica para servicios educativos adicionales. Favor de completar la siguiente informacion.

Name of child/s

Nombres de su Nino/a _____ age/edad _____ grade/gr _____

_____ age/edad _____ grade/grado _____

_____ age/edad _____ grade/grado _____

_____ age/edad _____ grade/grado _____

Name of Parent/Guardian:

Nombre de Padre/Guardian: _____

Phone Number

Numero de telefono _____



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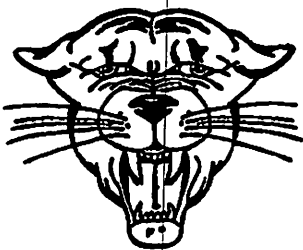
The Nueces Canyon Elementary will be observing a Moment of Silence and the Pledge of Allegiance in the upcoming school year. If you do not want your child to participate please check the box accordingly.

_____ Yes they will participate

_____ No they will not participate

Name of student _____

Parent/Guardian signature _____



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Health Office Phone: 830.597.8155

Fax: 830.597.6197

Student Health Information

Student Name: _____ Date of Birth: _____

Entering Grade: _____ Teacher: _____

Best Phone to be Reached: _____ Alt. Phone: _____

Family Doctor: _____ Phone: _____

Mother's Name: _____ Occupation: _____
Phone: Cell) _____ Work) _____

Father's Name: _____ Occupation: _____
Phone: Cell) _____ Work) _____

Child lives with _____ Parents Marital Status _____

Step-Parent: _____ Phone: _____

Step-Parent: _____ Phone: _____

In order to protect your child, please give the Name and Phone Number of a relative/friend with whom we may call or leave your child with if we are unable to locate a parent/guardian. (List at least 2)

1. _____ Phone: _____ 2. _____ Phone: _____
3. _____ Phone: _____ 4. _____ Phone: _____

Does your child have any allergies? (other than mild seasonal) Yes or No

Please list: _____

Type of Reaction: _____

Date of Last Reaction: _____

Does your child wear Glasses? Yes or N

Have there been any significant changes in your child's health over the last year? Explain: _____

A student who must take a PRESCRIPTION or OVER-THE-COUNTER medication during the school day MUST BRING a AUTHORIZATION FOR MEDICATION ADMINISTRATION form (which can be found on our school website) filled out by the parent and/or physician AND the medication in its properly labeled bottle to the school nurse. Our medication administration guidelines are in accordance with Section 222.052 of the Education Code.

Are there any limitations on your child's activities at school? If so, they must be listed below and an annual dated note from the child's physician should state the reason, the restriction, what is permitted and the length of time this is to be in effect: _____

List all prescription, over-the-counter, and herbal medications that your child takes regularly:

Name of Medicine	Taken for
_____	_____
_____	_____
_____	_____

If yes is checked on any of the following areas, please describe in the comments sections. Include: (1) Medications Prescribed (2) Dr. treating this condition (3) Approx. date of Diagnosis (4) Necessary Treatment or Monitoring in School (5) Special Medical Equipment Needed in School (nebulizer, oxygen use, wheelchair, etc.) and any other information regarding this health issue.

Condition	Yes	No	Comments
Attention Deficit/Hyperactive Disorder	☐	☐	
Asthma/Respiratory	☐	☐	
Diabetes	☐	☐	
Previous Head Injuries	☐	☐	
Seizures/Neurological Issues	☐	☐	Type & Date of last episode:
Headaches/Migraines	☐	☐	
Heart/Blood	☐	☐	
Muscles/Bones/Joints/Skin	☐	☐	
Bladder/Kidney problems	☐	☐	
Stomach/Intestines/Bowels	☐	☐	
Immune Problems	☐	☐	
Hearing Concerns	☐	☐	Hearing aides? Preferential Seating? Tubes?
Vision Concerns	☐	☐	Glasses? Yes or No
Dental Concerns	☐	☐	
Growth & Nutritional Deficiencies	☐	☐	
Developmental Concerns	☐	☐	
Emotional/Behavioral Issues	☐	☐	
Other Health Concerns	☐	☐	

Parent Signature _____ Date _____

This information will become part of your child's permanent school record. If for any reason you do not wish to respond to part(s) of this form you are under no obligation to do so. No assumptions regarding incompleteness will be made. However, we cannot be responsible for omissions which could result in injury or illness to your child.

Nueces Canyon CISD
Student Health Services Consent Form
2026-2027 School Year

Student Name: _____

Date of Birth: _____

Grade: _____

Parent/Guardian Name: _____

Phone Number: _____

PARENT CONSENT

I give permission for Nueces Canyon CISD health office personnel and trained designated school employees to provide basic health services to my child during the school day and school-sponsored activities when necessary.

This may include:

- ☐ Basic first aid care
- ☐ Temperature checks
- ☐ Vision, hearing, spinal, or other required screenings
- ☐ Administration of authorized medications
- ☐ Basic health assessments and supportive care
- ☐ Emergency response procedures if needed

I understand that:

- Prescription and over-the-counter medications require proper parent authorization and must follow district medication procedures.
- Parents/guardians may be contacted regarding illness, injury, or medical concerns.
- Emergency medical services (911) may be contacted if medically necessary.
- This consent may be updated or revoked in writing at any time.

☐ YES, I give consent for the health services listed above.

☐ NO, I do NOT give consent for the health services listed above.

Parent/Guardian Signature: _____

Date: _____

**Texas Education Agency
Texas Public School Student/Staff Ethnicity and Race Data Questionnaire**

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. *United States Federal Register (71 FR 44866)*

Part 1. Ethnicity: Is the person Hispanic/Latino? *(Choose only one)*

- ☐ **Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- ☐ **Not Hispanic/Latino**

Part 2. Race: What is the person's race? *(Choose one or more)*

- ☐ **American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- ☐ **Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **Black or African American** - A person having origins in any of the black racial groups of Africa.
- ☐ **Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Student/Staff Name (please print)	(Parent/Guardian)/(Staff) Signature
Student/Staff Identification Number	Date

ACKNOWLEDGMENT

Student Code of Conduct Electronic Distribution

Dear Student and Parent:

As required by state law, the board of trustees has officially adopted the Student Code of Conduct in order to promote a safe and orderly learning environment for every student.

We urge you to read this publication thoroughly and to discuss it with your family. If you have any questions about the required conduct and consequences for misconduct, we encourage you to ask for an explanation from the student's teacher or appropriate campus administrator.

The student and parent should each sign this page in the space provided below, and then return the page to the student's school.

Thank you.

Kristi Powers, Superintendent

I understand that the Code of Conduct is available electronically through the school website at www.nccisd.net.

PAPER COPIES OF THIS DOCUMENT AVAILABLE UPON REQUEST

Print name of student: _____

Signature of student: _____

Print name of parent: _____

Signature of parent: _____

Date: _____

School: _____

Grade level: _____

Please sign this page, remove it, and return it to the student's school. Thank you.

APPENDIX II:
Acknowledgment of Electronic Distribution of
Student Handbook

My child and I have been offered the option to receive a paper copy of or to electronically access at www.nccisd.net the Nueces Canyon CISD Handbook and the Student Code of Conduct for ~~the~~ year. 2007-2008.

I accept responsibility for accessing the Student Handbook and the Student Code of Conduct by visiting the web address listed above.

I understand that the handbook contains information that my child and I may need during the school year and that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the Student Code of Conduct. If I have any questions regarding this handbook or the Code of Conduct, I should direct those questions to the principal.

Printed name of student: _____

Signature of student: _____

Signature of parent: _____

Date: _____

PAPER COPIES OF THE HANDBOOK AND CODE OF CONDUCT ARE
AVAILABLE UPON REQUEST.

Nueces Canyon CISD Parent & Student Handbook

Please check the lines below accordingly and sign and return to your child's school.

_____ I do agree with corporal punishment for my child.

_____ I do not agree with corporal punishment for my child.

_____ I want to be contacted If corporal punishment is necessary.

Student's Name

Parent/Guardian Signature



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Student Pick-up Authorization

Child's Name: _____

Grade: _____

Authorized Approved Pick-up List

Please list the persons authorized to pick-up your child, including yourself. Each authorized person must be at least 18 years old and must have an ID on file. The child will not be allowed to leave school grounds with anyone not listed below. Authorized persons may receive the child in person and may be required to show identification to elementary staff. Children will not be handed over to persons who do not present an acceptable ID upon request.

I authorize the following responsible persons to pick-up my child from Nueces Canyon Elementary School. (Add additional pages as needed):

First & Last Name	Telephone Number	Relationship to Child
_____	() _____	_____
_____	() _____	_____
_____	() _____	_____
_____	() _____	_____

*Please note that children must be picked up at designated time and only the registered parent will be allowed to complete this form.

Signature of Parent/Guardian: _____

Date: _____

Parent/Guardian Name*: _____

Home Phone: _____

Cell Phone: _____

Application for Free and Reduced-Price School Meals

Complete one application per household. Please use a pen (not a pencil).

Return to:
or Apply Online:

Nueces Canyon C.I.S.D.
Elementary Office
www.nccisd.net

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12

If more spaces are needed, use the Additional Names section on the back.

Definition of Household Member:
"Anyone who is living with you and shares income and expenses, even if not related."

Children in **Foster Care**, **Head Start**, and children who meet the definition of **Homeless**, **Migrant**, or **Runaway** are eligible for free meals. Read the directions for more information.

Child's First Name

MI

Child's Last Name

Student?

Yes

No

Grade

Head Start
Foster Child
Homeless, Migrant, Runaway

Check any that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

If NO → Go to STEP 3

If YES →

Write the Eligibility Determination Group (EDG, *n/a* for FDIPIR) number here, then go to STEP 4 (do not complete STEP 3).

EDG Number

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'YES' to STEP 2)

A. Last four digits of Social Security Number (SSN) of an Adult Household Member

XXX- XX-

Check if no SSN

B. Income for Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. Report the frequency by income type: W=Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If more spaces are needed, use the Additional Names section on the back.

Name of Adult Household Members
(First & Last)

Work Earnings

Frequency

Public Assistance/
Child Support/Alimony

Frequency

Pensions/Retirement/
Social Security/SSI/
VA Benefits/All Other

Frequency

Name of Adult Household Members (First & Last)	Work Earnings	Frequency					Public Assistance/ Child Support/Alimony	Frequency					Pensions/Retirement/ Social Security/SSI/ VA Benefits/All Other	Frequency				
		W	E	T	M	A		W	E	T	M	A		W	E	T	M	A
	\$						\$						\$					
	\$						\$						\$					
	\$						\$						\$					
	\$						\$						\$					

C. Income for Children in the Household

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Child Household Members listed in STEP 1 here. If applicable, include income from additional children listed on back. Income frequency conversion key provided on back.

Total Child Income

\$

W	E	T	M	A

D. Total Household Members

(Children & Adults)

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."

Street address (if available)	Apt #	City	State	Zip code	Daytime phone and email (optional)
Printed name of adult signing the form	Signature of adult		Today's date		

Updated May 31, 2024

ADDITIONAL NAMES

List any additional **child** household members not listed in STEP 1.

Child's First Name	MI	Child's Last Name	Student?		Grade	Check any that apply	Head Start	Foster Child	Homeless, Migrant, Runaway
			Yes	No					
			☐	☐			☐	☐	☐
			☐	☐			☐	☐	☐
			☐	☐			☐	☐	☐

List any additional **adult** household members not listed in STEP 3. Report the frequency by income type: W=Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually

Name of Adult Household Members (First & Last)	Work Earnings	Frequency					Public Assistance/ Child Support/Alimony	Frequency	Pensions/Retirement/ Social Security/SSI/ VA Benefits/All Other	Frequency										
		W	E	T	M	A					W	E	T	M	A					
	\$	☐	☐	☐	☐	☐	\$	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	\$	☐	☐	☐	☐	☐	\$	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	\$	☐	☐	☐	☐	☐	\$	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

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, 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, audiotope, 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 (2) fax: (833) 256-1665 or (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

DO NOT COMPLETE. This section for school use only.

Annual Income Conversion: weekly x 52, every two weeks x 26, twice a month x 24, monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Household Size	Total Income	Frequency	Date Received	Date Withdrawn
		W E T M A		
		☐ ☐ ☐ ☐ ☐		
Categorical Determination	Eligibility	Free Reduced Denied	Reviewing/Determining Official's Signature	Date
		☐ ☐ ☐		
			Confirming Official's Signature	Date