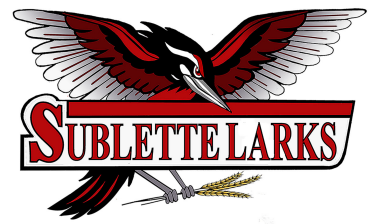


Student Information Form



STUDENT			
Grade		<input type="checkbox"/> Female <input type="checkbox"/> Male	Birth Date
Last Name	First Name		Middle Name
Elementary Only Proof of Age Provided (<i>CHECK ONE</i>) <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Hospital Record <input type="checkbox"/> Transcript <input type="checkbox"/> Other:			
Is the student Hispanic/Latino? <input type="checkbox"/> YES <input type="checkbox"/> NO		Do any of the following apply to the student? <input type="checkbox"/> 504 Plan—Disability accommodations not covered by Special Ed <input type="checkbox"/> Special Ed Services <input type="checkbox"/> ESOL / ELL Services	
What is the student's race? (<i>Please select one or more</i>) <input type="checkbox"/> American Indian OR Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black OR African American <input type="checkbox"/> Native Hawaiian OR Other Pacific Islander <input type="checkbox"/> White			
Student Physical Address		Student Mailing Address (IF DIFFERENT FROM PHYSICAL ADDRESS)	
	APT #		APT #
CITY, STATE	ZIP CODE	CITY, STATE	ZIP CODE
Student Cellphone Number			

PARENT / GUARDIAN #1			
LIVES WITH STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAST NAME	FIRST NAME	MIDDLE NAME
RELATIONSHIP TO STUDENT	Mailing Address (if different from Student)	CITY, STATE	ZIP CODE
CHECK ALL THAT APPLY:			
CONTACT ALLOWED? <input type="checkbox"/> YES <input type="checkbox"/> NO HAS CUSTODY ? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO to Custody, Are MAILINGS ALLOWED? <input type="checkbox"/> YES <input type="checkbox"/> NO RELEASE TO ? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PRIMARY LANGUAGE	SPEAKS ENGLISH? <input type="checkbox"/> YES <input type="checkbox"/> NO	PARENT/GUARDIAN EMAIL	PLACE OF EMPLOYMENT
PRIMARY PHONE Number : <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> OK TO CONTACT <input type="checkbox"/> UNLISTED		ALTERNATE PHONE Number : <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> OK TO CONTACT <input type="checkbox"/> UNLISTED	

PARENT / GUARDIAN #2			
LIVES WITH STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAST NAME	FIRST NAME	MIDDLE NAME
RELATIONSHIP TO STUDENT	Mailing Address (if different from Student)	CITY, STATE	ZIP CODE
CHECK ALL THAT APPLY:			
CONTACT ALLOWED? <input type="checkbox"/> YES <input type="checkbox"/> NO HAS CUSTODY ? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO to Custody, Are MAILINGS ALLOWED? <input type="checkbox"/> YES <input type="checkbox"/> NO RELEASE TO ? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PRIMARY LANGUAGE	SPEAKS ENGLISH? <input type="checkbox"/> YES <input type="checkbox"/> NO	PARENT/GUARDIAN EMAIL	PLACE OF EMPLOYMENT
PRIMARY PHONE Number: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> OK TO CONTACT <input type="checkbox"/> UNLISTED		ALTERNATE PHONE Number: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> OK TO CONTACT <input type="checkbox"/> UNLISTED	

STUDENT NAME**EMERGENCY CONTACTS**

1	RELATIONSHIP	NAME
PRIMARY PHONE :		ALTERNATE PHONE :
<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> OK TO CONTACT		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> OK TOCONTACT
2	RELATIONSHIP	NAME
PRIMARY PHONE :		ALTERNATE PHONE :
<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> OK TO CONTACT		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> OK TOCONTACT
3	RELATIONSHIP	NAME
PRIMARY PHONE :		ALTERNATE PHONE :
<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> OK TO CONTACT		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> OK TOCONTACT

MEDICAL INFORMATION — THE SCHOOL CANNOT BE FINANCIALLY RESPONSIBLE FOR MEDICAL, DENTAL, AMBULANCE, OR HOSPITAL SERVICE.

PHYSICIAN'S NAME & Number	PREFERRED HOSPITAL	MEDICAID # (IF APPLICABLE)
Insurance Name / Group # / ID #		
ALLERGIES / HEALTH FACTORS / COMMENTS		
		LIFE THREATENING? <input type="checkbox"/> YES <input type="checkbox"/> NO

Please read and select Yes or No for each of the following.

- YES NO** In the event of serious injury, it may be necessary to contact local emergency medical personnel immediately. Attempts will then be made to contact the parents/guardians or designated persons to inform them of the situation. The child will be treated by medical personnel as needed.
- YES NO** In case of an illness or injury to the above named student, the school is authorized to proceed in its emergency medical plan including any necessary transportation to receive such treatment. I understand that the school is not financially responsible for individual medical, dental, ambulance, or hospital services. I realize that it will be necessary for me to inform the school of any address or phone number changes that may occur during the school year. I understand that the coaches/sponsors of my child will be prepared to take the appropriate emergency steps by keeping a copy of this form with them at all contests and activities.
- YES NO** I give permission for the exchange of information between the school nurse or other school representative to copy and send this student's immunization records to schools, physician's offices, and health departments as needed.
- YES NO** I give permission to USD #374 or its designated representative to permit my child's picture to be taken or likeness reproduced and disseminated to various media/communications, such as local newspapers and the district's website. I hereby release the above party from liabilities arising out of what I might deem misrepresentations by virtue of distortion, optical illusions or faulty mechanical reproductions. The publicity of that minor child received by virtue of the first such use that may be made thereof shall be full and adequate compensation for this consent. I agree all such uses of his/her name, voice, likeness, portraits, pictures, photographs, films videotapes, audiotapes, or writings and reproductions thereof, including but limited to tapes, plates, and negatives connected therewith are and shall remain property of USD #374.

Middle/High School ONLY

YES NO My child has permission to leave campus for school sponsored events during the school year.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

Student Health Information Form



Last Name

First Name

Grade

Please check any medical conditions your student has:

ADHD/ADD

Asthma

Birth Defects

Hearing Difficulties

Skin Problems

Ear Infections

Depression

Diabetes

Headaches

Bone/Joint problems

Anxiety

Vision Difficulties

Heart Defects

Urinating Problems

Serious Injury

Seizures

Stomach Problems

High Blood Pressure

Surgical History

Anemia

Constipation

Other

Please explain checked medical conditions or anything more about your student's health that you think is important for us to know: _____

Allergies (Drug & Food) & Reaction:

1. _____
2. _____
3. _____

Home Medications/Vitamins:

1. _____
2. _____
3. _____

Assistive Devices: (glasses, contacts, braces, hearing aids etc)

1. _____
2. _____
3. _____



Transportation 2017-2018



Family's Last Name: _____

1st Child's Name	Grade	2nd Child's Name	Grade
3rd Child's Name	Grade	4th Child's Name	Grade
5th Child's Name	Grade	6th Child's Name	Grade

Do you live in town or in the country?

Town: Country:

Will your student(s) ride the bus?

Yes: No:

If you live in the country what is your physical address?

Directions to your home from Sublette:

Phone Numbers

	Home Phone	Cell Phone	Work Phone
Mother's Name:			
Father's Name:			
Nearest Neighbors:	Home Phone	Cell Phone	Work Phone

If no one is at home when we arrive to drop off your child(ren) after school, what do you want the driver to do? **Select One**

- Drop your child off anyway.
- Take my Child(ren) back to school.

Mud Routes

Some parents elect to have their child(ren) walk home from their mud route stop. Do you want us to allow your child to: **Select One**

- Walk home from the mud stop.
- Take my Child(ren) back to school.

Parent Signature

Date

SUBLETTE MIDDLE/HIGH SCHOOL

501 ELLIS, PO BOX 460
SUBLETTE, KANSAS 67877
(620) 675-2232

Dear Parent/Guardian:

Children need healthy meals to learn. D0374 offers healthy meals every school day. **Your children may qualify for free meals or for reduced price meals.**

Meal Charges	Elementary		Middle or Jr. High		High School	
	Full Price	Reduced Price	Full Price	Reduced Price	Full Price	Reduced Price
<input checked="" type="checkbox"/> Lunch	2.85	.40	2.90	.40	2.90	.40
<input checked="" type="checkbox"/> Breakfast	1.50	.30	1.60	.30	1.60	.30
<input checked="" type="checkbox"/> After School Snack	0	N/A	0	N/A	0	N/A

An application for free or reduced price meal benefits and a set of detailed instructions is included with this

letter or available online at www.usd374.org. Contact Karen Snovelle with questions or to request an application be sent. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from **Food Assistance (FA), the Food Distribution Program on Indian Reservations (FDPIR) or Temporary Assistance for Families (TAF)** are eligible for free meals.
- **Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.**
- **Children participating in their school's Head Start/Even Start program are eligible for free meals.**
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2016-2017			
Household size	Yearly	Monthly	Weekly
1	21,978	1,832	423
2	29,637	2,470	570
3	37,296	3,108	718
4	44,955	3,747	865
5	52,614	4,385	1,012
6	60,273	5,023	1,160
7	67,951	5,663	1,307
8	75,647	6,304	1,455
Each additional person:	7,696	642	148

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail Manuel Rios, 620.675.2286.
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Monty Marlin, PO Box 460, Sublette, KS 67877 620.675.2232 marlin@usd374.org.
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Monty Marlin, PO Box 460, Sublette, KS 67877 620.675.2232 marlin@usd374.org immediately.

5. CAN I APPLY ONLINE? Not Available , Yes You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit our school to begin or to learn more about the online application process. Contact Monty Marlin, PO Box 460, Sublette, KS 67877 620.675.2232 marlin@usd374.org **if you have any questions about the online application.**
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year, **through October 11, 2017**. You must send in a new application unless the school told you that your child is eligible for the new school year. **If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.**
7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: Rex Bruce 105 West Fern/ PO Box 670 Sublette, KS 67877 620.675.2277 rexb@usd374.org.
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact Monty Marlin, PO Box 460, Sublette, KS 67877 620.675.2232 marlin@usd374.org **to receive a second application.**
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for Food Assistance (FA) or other assistance benefits, contact your local assistance office or call 1-888-369-4777.

If you have other questions or need help, call 620.675.2232.

Sincerely,

Karen Snovelle
Building Nutrition Representative

This institution is an equal opportunity provider.

APPLICATION PACKET FOR FREE AND REDUCED PRICE SCHOOL MEALS

How to Apply for Free and Reduced Price School Meals. For translated materials, go to www.kn-eat.org, School Nutrition Programs, Administration, Foreign Language Translation. 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 USD #374. 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 Paula Leverett, PO Box 670, Sublette, KS 67877.

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

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

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

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, or runaway youth;
- Students attending USD #374, regardless of age.

<p>A) List each child'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.</p>	<p>B) Is the child a student at USD #374? Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend USD #374. If you marked 'Yes,' write the name of the school and the grade level of the student in the 'School' and 'Grade' columns to the right.</p>	<p>C) 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. <u>Foster children who live with you may count as members of your household and should be listed on your application.</u> If you are applying for both foster and non-foster children, go to step 3.</p>	<p>D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and <u>complete all steps of the application.</u></p>
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STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN FOOD ASSISTANCE, TAF, OR FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- Food Assistance (FA).
- Temporary Assistance for Families (TAF).
- The Food Distribution Program on Indian Reservations (FDPIR).

<p>A) If no one in your household participates in any of the above listed programs:</p> <ul style="list-style-type: none"> • Leave STEP 2 blank and go to STEP 3. 	<p>B) If anyone in your household participates in any of the above listed programs:</p> <ul style="list-style-type: none"> • Write a case number for FA, TAF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact Kansas Department for Children and Families. • Go to STEP 4.
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STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children", printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
 - 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.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

3.A. REPORT INCOME EARNED BY CHILDREN			
<p>A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.</p> <p><i>What is Child Income?</i> Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.</p>			
3.B REPORT INCOME EARNED BY ADULTS			
Who should I list here?			
<ul style="list-style-type: none"> • When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, <u>even if they are not related and even if they do not receive income of their own.</u> • Do NOT include: <ul style="list-style-type: none"> ○ People who live with you but are not supported by your household's income AND do not contribute income to your household. ○ Infants, Children and students already listed in STEP 1. 			
<p>B) List adult household members' names. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." <u>Do not list any household members you listed in STEP 1.</u> If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.</p>	<p>C) Report earnings from work. Report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income. See detailed instructions on the back of the application.</p> <p><i>What if I am self-employed?</i> 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.</p>	<p>D) Report income from public assistance/child support/alimony. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. <u>Do not report the cash value of any public assistance benefits NOT listed on the chart.</u> If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.</p>	
<p>E) Report income from pensions/retirement/all other income. Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.</p>	<p>F) Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 1 and 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.</p>	<p>G) Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their 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."</p>	
STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE			
<p><i>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 on the back of the application.</i></p>			
<p>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.</p>	<p>B) Print and sign your name and write today's date. Print the name of the adult signing the application and that person signs in the box "Signature of adult."</p>	<p>C) Mail Completed Form to: USD #374, PO Box 670, Sublette, KS 67877</p>	<p>D) Share children's racial and ethnic identities (optional). On the back 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.</p>

2017-2018 Household Application for Free and Reduced Price School Meals

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

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

<p>Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."</p> <p>Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.</p>	Child's First Name	MI	Child's Last Name	School	Grade	Student? Yes No	Foster Child	Homeless, Migrant, Runaway
	<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="checkbox"/>
	<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="checkbox"/>
	<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="checkbox"/>
	<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="checkbox"/>

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: Food Assistance, TAF, or FDPIR?

If **NO** > Go to STEP 3.

If **YES** > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

Write only one case number in this space.

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

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

Flip the page to learn how to report Income from Self Employment.

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child income: \$ Weekly Bi-Weekly 2x Month Monthly

B. All 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. 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.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member:

Check if no SSN

STEP 4 Contact information and adult signature. Mail completed form to: USD #374, PO Box 670, Sublette, KS 67877

"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

Daytime Phone and Email (optional)

Printed name of adult signing the form

Signature of adult

Today's date

INSTRUCTIONS

Sources of Income

Sources of Income for Children	
Sources of Child Income	Example(s)
<ul style="list-style-type: none"> Earnings from work 	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages
<ul style="list-style-type: none"> Social Security <ul style="list-style-type: none"> Disability Payments Survivor's Benefits 	<ul style="list-style-type: none"> A child is blind or disabled and receives Social Security benefits A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
<ul style="list-style-type: none"> Income from person outside the household 	<ul style="list-style-type: none"> A friend or extended family member regularly gives a child spending money
<ul style="list-style-type: none"> Income from any other source 	<ul style="list-style-type: none"> A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults		
<ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veteran's benefits Strike benefits 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household

Income from Self Employment: Self-employed persons may use income tax records for the preceding calendar year as a base to project the current year's net income, unless the current monthly income provides a more accurate measure. Report income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as interest on home payments, medical expenses, and other similar non-business deductions are not allowed in reducing gross business income. Additional income from other kinds of employment must be treated as separate and apart from the income generated or lost from your business venture. For example, if you operated a business at a net loss, but held additional employment for which a salary was received, the income for purposes of applying for reduced price or free meals would be the income from the salary only. The loss from the business cannot be deducted from a positive income earned in other employment.

For purposes of this application, it is not possible to report a negative income from any business venture. The least income possible is zero (no income). The necessary information for arriving at allowable income from private business operation may be taken from your most recent U.S. Individual Income Tax Return - Form 1040. Add together the amounts reported on the following lines:

LINE 12	\$ _____	Business Income or (Loss)
LINE 13	\$ _____	Capital Gain or (Loss)
LINE 14	\$ _____	Other Gains or (Losses)
LINE 17	\$ _____	Rental real estate, royalties, partnerships, S corporations, trusts, etc.
LINE 18	\$ _____	Farm Income or (Loss)
TOTAL	\$ _____	Gross Annual Income Before Any Deductions.
Computed Monthly Income	\$ _____	Gross Annual Income ÷ 12 = Computed Monthly Income. Report in Step 3.

OPTIONAL

Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino
 Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

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 Food Assistance (FA) Temporary Assistance for Families (TAF) 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, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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: (202) 690-7442; or
- (3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Do not fill out

For School Use Only – Annual Income Conversion: Weekly x 52, Bi-Weekly x 26, Twice a Month x 24, Monthly x 12

<input type="checkbox"/> Total Income: \$ _____ How Often (Circle One): W BW 2M M Multiple=Yearly Household Size: _____	Eligibility: <input type="checkbox"/> Free OR <input type="checkbox"/> Reduced Price OR <input type="checkbox"/> Denied Notes: _____
<input type="checkbox"/> Categorical Eligibility (FA, TAF, FDPIR, Foster)	
Determining Official's Signature: _____	Approval/Denial Date: _____ Notification Date: _____
Processor's Initials: _____	Confirming Official's Signature (ONLY for applications to be verified): _____ Review Date: _____

HOME LANGUAGE SURVEY

Upon enrollment, every student or parent/guardian must be given a Home Language Survey. This survey will be used to determine which students should be assessed for English proficiency. If a language other than English is indicated in any of questions 1-4, the student will be assessed to determine eligibility for English to Speakers of Other Languages (ESOL) services. The assessments approved by Kansas State Department of Education include: The Language Assessment Scales (LAS)/LAS LINKS/Pre-LAS, the IDEA Proficiency Test (IPT)/Pre-IPT, the Language Proficiency Test Series (LPTS), and the Kansas English Language Proficiency Assessment (KELPA)/KELPA-P. If a student scores below proficient/fluent in any of the language domains: listening, speaking, reading, or writing, s/he is eligible for ESOL services. Please complete one form for each child.

Student Information:

Name	Grade
Address	Date of Birth
Date first enrolled in a school in the U.S.	Phone Number

Student Language Information:

1. What language did your child first learn to speak/use?
English Spanish Other (please specify) _____
2. What language does your child most often speak/use at home?
English Spanish Other (please specify) _____
3. What language do you most often speak/use with your child?
English Spanish Other (please specify) _____
4. What language do the adults at home most often speak/use?
English Spanish Other (please specify) _____

Parent/Guardian Information:

Which language do you read/write? English Spanish Other (specify) _____

Migrant Education Program Information:

The Migrant Education Program (MEP) is authorized by Title I Part C of the Elementary and Secondary Education Act of 1965 (ESEA). The MEP provides formula grants to local education agencies to establish or improve education programs for children who may qualify for the Migrant Program. Please help us determine your child's eligibility for the Migrant Program by responding to the following questions.

Has your family moved in the last 36 months to seek or obtain agriculture or fishing related work?
Yes _____ No _____

If yes, was the move from one school district to another? Yes _____ No _____

Signature of Parent or Guardian

Date

SUBLETTE USD 374

Identification & Recruitment Parent Survey

Please complete the following information to help us determine if your child/children qualify for the migrant program. This program provides extra academic help for students who may need assistance as well as other benefits. Thank you for your help!

1. Has your family moved into this district within the past 3 years? Yes No
(Note: If you answer "NO" to the above question, do not answer questions #2, #3 & #4.)
2. Are you now looking for agricultural work? Yes No
3. Are you now working in agricultural work? Yes No
4. Were you employed in any agriculturally related jobs listed below in Kansas within the last 3 years?
 Yes No



Feed Cattle,



Dairy



Eggs



Cultivation,



Fishing

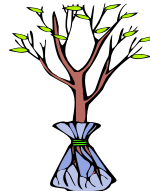
Processing, Packaging



Harvest (fruit and vegetables)



Milling, Cotton



Trees Planting, Cutting

Preparation of soil



Greenhouse, Nursery, Sod

Parent/Guardian Names

Present Job/Job Title

Last Employment

Father: _____ / _____

Mother: _____ / _____

Please list all children

First	Last	Sex	School	Grade	Date of Birth	Age

Address: _____ Telephone: _____

X _____
Signature of Parent or Guardian

Date



SUBLETTE MIDDLE / HIGH SCHOOL

PO Box 460 / 501 Ellis
Sublette, Kansas 67877
Phone: 620.675,2232
Fax: 620,675.8347

REQUEST FOR RELEASE OF RECORDS

TO: _____
(School)

(Address)

(City, State, & Zip Code)

I hereby authorize the above school to forward all school records for the following student(s):

Name: _____	Birthdate: _____
Name: _____	Birthdate: _____
Name: _____	Birthdate: _____

**To: Mikelyn Holloway, Counselor
Sublette Middle / High School
PO Box 460
Sublette, Kansas 67877**

In accordance with the Family Educational rights and Privacy Act, I am willing to request that you release pertinent information concerning the above student(s). This information is to be used for planning appropriate educational programs for this student. It will be without written consent of the parent(s)/guardian or student if over 18. limited to the confidential use of professional personnel and will not be released to a third party without written consent of the parent(s)/guardian or student if over 18.

Specific information authorized for release:

- Date of withdrawal, and grades at withdrawal.
- Cumulative academic record (letter grades and numerical credit)
- Grading system key (if needed).
- Attendance.
- Health and immunization records.
- Psychological tests and reports.
- Achievement and educational diagnostic testing reports.
- Special education records.
- Any other information that would be helpful in working with this student.

Counselor or Principal

Date

SUBLETTE MIDDLE / HIGH SCHOOL
501 ELLIS, P.O. BOX 460
SUBLETTE, KANSAS 67877
(620) 675-2232

Dear Parents:

Our school will administer the *Kansas Communities That Care Student Survey** sometime in December or January. This survey is taken by 6th, 8th, 10th and 12th grade students statewide. I believe this survey is a valuable tool to help us understand how students perceive things like substance use and bullying. It gives us insight into the problems students face and shows what we can do to help them succeed. The information is essential to local and state grant funding and to planning effective prevention programs in our school and community.

The survey is available to view at www.kctcdata.org/Documents/ctc_survey_.pdf. You may also be interested to know the following:

- 1. It is completely anonymous.** Students will not be asked for their names on the questionnaire, nor will anyone be able to connect any individual student with his/her responses. School staff will not see any one student's responses, but only summaries of results. To further guarantee anonymity, results will not be reported on any particular question without sufficient response from enough students.
- 2. Participation is entirely voluntary.** Your child may decline to participate in the survey, or may simply skip any particular question they do not wish to answer.
- 3. Annual participation is important.** Even if your child has participated in previous surveys, annual data is extremely helpful in determining the effectiveness of previous efforts and changes in program areas.

I hope you will allow your child to participate. Please check the appropriate box below. *All parents must sign and return this form to school during enrollment.* Thank you in advance for your cooperation.

Sincerely,



PRINCIPAL

Please check one:

- Yes, I give permission** for my child to participate in the *Kansas Communities That Care Student Survey*.
- No, I do not give permission** for my child to participate in the *Kansas Communities That Care Student Survey*.

Signature of Parent/Guardian

Printed Parent/Guardian Name

Printed Name of Child

Date

*The survey is provided by the Kansas Department for Aging and Disability Services Behavioral Health Services and administered by the Southeast Kansas Education Service Center Grants and Evaluation Department.

SUBLETTE MIDDLE / HIGH SCHOOL

501 ELLIS, P.O. BOX 460
SUBLETTE, KANSAS 67877
(620) 675-2232

Estimados Padres de Familia:

Nuestras escuelas, secundaria y preparatoria tomarán la encuesta llamada *Kansas Communities That Care Student Survey** (*Encuesta Estudiantil de las Comunidades de Kansas que se preocupan*) en el mes de Diciembre o Enero, todavía no hay una fecha exacta pero será dentro de esos dos meses. Esta encuesta es tomada por los alumnos de los grados de 6to, 8vo, 10mo, y 12do en todos los estados del país. Yo creo que esta encuesta es una herramienta indispensable para ayudarnos a entender como alumnos perciben cosas tales como consumo de sustancias y el bullying. Nos da la noción de los problemas de los alumnos y nos muestra que es lo que podemos hacer para ayudarlos a ser exitosos. La información que obtengamos de la encuesta es esencial para la ayuda financiera de becas que obtiene la escuela a nivel local y estatal y para la planeación de programas de prevención de lo antes mencionado que sean efectivos en nuestra escuela y comunidad.

La encuesta está disponible para ver en la [página www.kctcdata.org/Documets/ctc_survey .pdf](http://www.kctcdata.org/Documets/ctc_survey.pdf). También les puede interesar saber lo siguiente:

1. Es completamente anónimo. Los alumnos no tendrán que dar su nombre, nadie podrá relacionar al alumno en particular con sus respuestas. El personal de la escuela no podrá tener acceso a las respuestas de los alumnos, solamente el resumen de los resultados. Para garantizar más la anonimidad, los resultados no serán reportados en preguntas en particular que no tengan suficientes respuestas de suficientes alumnos.

2. La participación en la encuesta es totalmente voluntaria. Su hijo/a puede decidir no participar en la encuesta, o puede saltar cualquier pregunta en particular que no quiera o no se sienta cómodo/a en contestar.

3. La participación anual es muy importante. Aunque su hijo/a ya haya participado en una encuesta anteriormente, los datos anuales son extremadamente útiles en la determinación de la efectividad de esfuerzos previos y cambios en áreas de los programas.

Espero de antemano que permita que su hijo/a participe en esta encuesta. Por favor marque la opción apropiada. **Todos los padres deben firmar y regresar este formulario durante la inscripción.** Gracias de antemano por su cooperación.

Atentamente,

PRINCIPAL



Por favor marque una opción:

- Si, Yo permito** que mi hijo/a participe en la encuesta *Kansas Communities That Care Student Survey*. (*Encuesta Estudiantil de las Comunidades de Kansas que se preocupan*).
- No, Yo no permito** que mi hijo/a participe en la encuesta *Kansas Communities That Care Student Survey*. (*Encuesta Estudiantil de las Comunidades de Kansas que se preocupan*).

Firma de Padre/Tutor

Nombre de Padre/Tutor

Nombre del alumno

Fecha

*La encuesta es proporcionada por el Departamento de Kansas para Adultos Mayores y Personas Discapacitadas Servicios de Salud conductual y administrado por el Centro de Servicios Educativos Kansas Becas y Departamento de Evaluación del Sureste de Kansas.