

# ANNUAL REGISTRATION PACKET

All forms need to be reviewed, completed, printed for each of your children attending MTG for the 2022-2023 school year. They are to be brought back to Mount Greenwood School with proof of address on August 10<sup>th</sup>.

August 10th

9:00-12:00

Or

1:00-3:00

Hard copies are available in the office if needed.

Health requirements:

<https://www.cps.edu/sites/back-to-school/health-requirements/>

# School Fees

## 2022-2023

Dear Parents/Guardians;

The school fee is \$130 per child and should be submitted with registration.

- Please submit payment through the PARENT ASPEN account, CASH or a MONEY ORDER made out to MOUNT GREENWOOD SCHOOL. If you have forgotten your access please reach out via email and It will be reset for you. <https://www.cps.edu/services-and-supports/parent-and-student-portal/parent-portal/>
- If a school fee is not submitted prior to or at registration, the child(ren) from the family will not be eligible to participate in sports, dress down days, or other non-academic events until the fee is submitted. They will have access to all materials but will not be permitted to write in consumables textbooks or workbooks.

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School Fee Outline:

- Workbooks/Consumables (once fees are payed students can write directly into their workbooks and consumables. If fees are not paid the student is NOT eligible to write in out books and will be responsible at full cost for replacement.
- Online subscriptions/Programs & Material Supports to Classroom
- Copy Machine Lease/Copy Paper
- Classroom Supplies
- Classroom and Student Technology
- Student Incentives

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# CPS **Mount Greenwood Elementary School**

10841 S. Homan Ave., Chicago, Illinois 60655

Phone: (773) 535-2786 Fax: (773) 535-2743

Catherine Reidy  
*Principal*

Joan Rogers  
*Assistant Principal*

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This letter is to serve as verification that my family actively resides in the Mount Greenwood School attendance area. As a result, my children will attend Mt. Greenwood School.

If I move I am required to notify the school immediately. If I am found to have been fraudulently enrolled at Mount Greenwood School my children will be immediately transferred to their home school. No refund of school fees will be given. Mount Greenwood will not maintain enrollment until the quarter or semester.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address of Record

Names of students: (print)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CC: PF

Appr 1/19/2012



# STUDENT ATTENDANCE POLICIES AND PROCEDURES

*To achieve...your child needs to be in school, on time, every school day*

Dear Parent/Guardian:

Good attendance and good grades go hand in hand. The Chicago Public Schools and parents/guardians can work together to promote excellent student attendance at school. In order to promote cooperation and to help parents/guardians understand how the Chicago Public Schools' attendance policies work, key items and basic attendance procedures have been defined below.

- The School Code of Illinois, Article 26-Compulsory School Enrollment and Attendance From age 7 until reaching age 17 a child who resides in Illinois must be enrolled and attend a public school in the district where s(he) resides unless s(he) has graduated from high school, attends a private or parochial school or who is physically or mentally unable to attend school. In addition, all children, regardless of age, while enrolled in grades K through 12, are subject to compulsory attendance.
- Free Education Entitlement Enrolled students are entitled to a free, full-time public education until the age of 21 (22 if a special education student) unless s(he) graduates from high school, is expelled for misconduct or withdraws from enrollment. CPS shall not deny re-enrollment of a student who dropped out of school and is under 19 years old. CPS can deny re-enrollment of a student who is 19 or older that due to age and a lack of credits, could not attend classes during the normal school year and graduate before his/her 21<sup>st</sup> (22<sup>nd</sup> special education student) birthday.
- Contact Phone Numbers A student's parent/guardian is required to supply and update the school with at least one (1) working phone number at which the parent/guardian can be reached.
- Student Non-Attendance Days School holidays which appear in the approved school year calendar, additional holidays or emergency days authorized by the Chief Executive Officer, professional development days, and any other days when the students are not scheduled to be in school **are not counted** as days of attendance.
- School-Made Absentee Phone Call State Law requires ***elementary schools*** to phone a student's home ***within two hours*** of the start of their school day ***each day*** the student is absent without prior written notice from the parent/legal guardian.
- CPS Auto Absentee Call In addition to school-made absentee calls, the CPS Absentee Outcaller system calls the home of elementary and high school students that are absent without prior written notice from the parent/legal guardian.
- Parent/Guardian of Record The parent(s)/guardian(s) who are listed on the student's "Emergency Record" are the parent(s)/guardian(s) of record. The Attendance Office shall only accept "Reason for Absence Notes" signed by the parent/guardian of record or release a student before the end of the school day to the parent/guardian of record.
- Confidentiality of Records Other than CPS or state board (ISBE) employees/officials, no personally identifiable school student records or information may be released, transferred, disclosed or otherwise disseminated to any individual, agency or organization without the written consent of the student's parent(s)/guardian(s).
- Students That Are Considered Present A student is considered present if s(he) is in his/her assigned class/period in the physical school building (*Attendance Codes "T", "P" and "ISS"*) or attending a school authorized function (*Attendance Code "SF"*), *supervised by school staff*, such as a field trip, tutoring or testing session at a different location.
- Reason for Absence Note On the first day a student returns to school from an absence, the parent/guardian must provide the school with a signed "Reason for Absence Note", identifying the valid cause for each day of a student's absence. **The Principal or Principal's designee shall determine approval status of each "Reason for Absence Note".**
- Excused Absences Valid causes for an absence from school being deemed an excused absence are:  
(1) Student's illness, (2) observance of a religious holiday, (3) death in the immediate family, (4) family emergency, (5) circumstances which cause reasonable concern to the parent/guardian for child's safety or health as approved by the principal and (6) other situations beyond the control of the student as determined by the principal.



STUDENT ATTENDANCE POLICIES AND PROCEDURES *Continued*

- o A truant absence is an unexcused absence for students in grades K through 12
- o A “cut” is an unexcused class (period) absence. The instructional time missed by a student who cuts a class is deducted from the total instructional minutes for the school day and the balance will determine any attendance recoding
  - A ½ day truant absence if the student has less than 300 but at least 150 instructional minutes (generally 1-2 cuts).
  - A full-day truant absence (even though the student may have attended some classes) if the student has less than 150 instructional minutes.
- o *After the 3<sup>rd</sup> truant absence for a 3<sup>rd</sup>, 6<sup>th</sup>, 8<sup>th</sup> and 9<sup>th</sup> grade student*, the parent/guardian is scheduled to attend a conference conducted at the school to discuss and agree to truant behavior interventions and remedies.
- o *After the 5<sup>th</sup> truant absence for grades K through 12 students*, the school mails the parent/guardian a “5-Day Truancy Letter”. The parent/guardian and the student are scheduled to attend a conference conducted at the school with key school staff to develop a “Truancy Intervention Case Plan” to address and remedy the student’s truant behavior.
- o *After a student’s 10<sup>th</sup> truant absence*, the school mails the parent/guardian a “10-Day Truancy Letter” by certified mail, return receipt requested.
- o CPS Promotion and Graduation Criteria-Truancy Component
  1. Elementary students in the 3<sup>rd</sup>, 6<sup>th</sup> and 8<sup>th</sup> grade who have **more than 9** truant absences during a school year must attend and satisfactorily complete summer school. Eighth grade students will not graduate with their class.
  2. A 3<sup>rd</sup> or 6<sup>th</sup> grade student who does not satisfactorily complete summer school will be retained in his/her current grade if this is a first time retention in the 1-3 or 4-6 grade cycles. If this would be a second retention for a student in a grade cycle, the student will be promoted to the next grade.
  3. An 8<sup>th</sup> grade student who does not satisfactorily complete summer school or Summer Writing Workshop, as required, will be retained in 8<sup>th</sup> grade if this is the first retention in the 7-8 grade cycle. All retained students will receive a “Personal Learning Plan” developed by the school in conjunction with the parent/guardian. The student may be assigned to a designated Achievement Academy or other appropriate placement if this would be their second retention in the 7<sup>th</sup>-8<sup>th</sup> grade cycle; **or if the student will be 15 years old on or before September 1<sup>st</sup> of that year.** Students may earn an elementary diploma at an Achievement Academy.
  4. High school students who have cuts in 20% or more of a class in a core course during the period for which a unit of credit is earned shall not pass the course and shall receive no credit towards promotion.
- o CPS Board 04-0128-P03 prohibits schools from dropping students due solely to excessive absences.
- o Students can be withdrawn for the following reasons:
  - (1) Student is absent on the first school day of the year-DNA (Did Not Arrive), (2) transfers or graduates, (3) is legally committed to correctional institution, (4) is home-schooled, (5) whereabouts can not be determined “lost child” after calling all known phone numbers, mailing a certified letter with return receipt requested and visiting the last known address, (6) withdraws from enrollment – 17 years old-after a “Consent to Withdraw from School” form has been signed by the student **and** “parent/guardian” and (7) withdraws from enrollment –18 or more years old- after a “Consent to Withdraw from School” form has been signed by the student (no parent/legal guardian signature is required).

CPS Truancy Hotline  
(773) 553-4000

CPS Crisis Intervention Hotline  
(773) 553-1792

CPS Student Safety Hotline  
(773) 553-3335

..... *Sign below, fold, remove bottom and return to school*.....

o the Principal of: \_\_\_\_\_ School. As the parent or  
ardian of the below listed student, I acknowledge receipt of the “CPS Attendance Policies and Procedures”.

udent’s Name: \_\_\_\_\_ Room Number: \_\_\_\_\_

urent’s or Guardian’s Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_



# Request for Emergency and Health Information



**PARENTS/GUARDIANS:** The school must have on file emergency information that can be used to contact you. **Please print clearly.** Whenever there is a change in this information, immediately notify the school in writing.

SCHOOL NAME		STUDENT ID#	
STUDENT LAST NAME	FIRST NAME	MIDDLE NAME	
STUDENT HOME ADDRESS (include unit number if applicable)		City	State Zip
BIRTH DATE (mm/dd/yyyy)	HOMEROOM #	STUDENT HOME PHONE #	
<b>CONFIDENTIAL INFORMATION BOX 1</b> Complete this box only if (1) it reflects your child's current living situation; OR (2) it reflects your living situation if you are a youth not living with a Parent or Guardian. (Your answer will help school staff with enrollment and may enable the student to receive additional services.) <b>Check one box:</b> <input type="checkbox"/> in a car/park/other public place <input type="checkbox"/> doubled-up <input type="checkbox"/> in a hotel/motel <input type="checkbox"/> in a shelter <input type="checkbox"/> in transitional housing <b>School Note:</b> If any box is checked, see the CPS Policy 702.5.		<b>CONFIDENTIAL INFORMATION BOX 2</b> Is there a current Order of Protection or No Contact Order which concerns this student? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>School Note:</b> If "Yes," follow CPS Policy 704.4 procedures. Enter information in <i>Legal Alert</i> field and update contact information, as needed, in SIS.	

**Parent/Guardian and Emergency Contact Information:** Add extra contacts on additional page, if needed.

	PARENT/GUARDIAN CONTACT	PARENT/GUARDIAN CONTACT
Contact Name		
Relationship to Student		
Check all that apply:	<input type="checkbox"/> Lives With <input type="checkbox"/> Emergency	<input type="checkbox"/> Gets Mailings <input type="checkbox"/> Permission to Pick up
Home Address, if different from student's (include unit number if applicable)		
Cell Phone Number		
Email Address		
Name and Address of Employer		
Work Phone Number		
* Communication Language		

\* CPS communicates via phone calls. Select the language that should be used to communicate with you. Languages available for mass communication at this time are English and Spanish (note: other languages upon availability).

**List the name of a relative or neighbor who can also be notified in an emergency and has permission to pick up the student:**

NAME	RELATIONSHIP	TELEPHONE #
ADDRESS		

**Family Doctor's Name, Address, and Phone Number:** ☐ I authorize you to call my family doctor, if necessary, in an emergency.

NAME	ADDRESS (include unit number if applicable)	City	State	Zip
TELEPHONE #				

<b>STUDENT HEALTH INSURANCE:</b> (select only one of the three) <input type="checkbox"/> Illinois Medical Card/All Kids: provide student's medical ID # _____ (9-digit number located on back of card). <input type="checkbox"/> No Insurance: are you interested in applying for the Illinois Medical Card/All Kids? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Private/Employer Health Insurance: no additional information needed.	<b>CHILDREN OF MILITARY PERSONNEL (optional)</b> As the Parent or Guardian, are you a member of a branch of the armed forces of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, are you either deployed to active duty or expect to be deployed to active duty during the school year? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Parent/Guardian Signature

Date

Must have an original signature; an electronic signature is not acceptable.



# Student Medical Information



**This form must be updated and returned to school each school year.**

*please print or type:*

Please let your school know about your child's health and health care. This is a good way to keep your child safe. The information is **CONFIDENTIAL** and will be shared only with CPS staff who need to know (Nurse, Principal, Designee, or Clerk).

STUDENT LAST NAME		FIRST NAME		MIDDLE NAME
GENDER	STUDENT DATE OF BIRTH		SCHOOL NAME	
STUDENT ID #		GRADE		ROOM #

## 1. PLEASE INDICATE YOUR CHILD'S HEALTH STATUS BELOW.

☐ My child has no known health conditions.

**My Child has a known condition(s). Please check all that apply:**

☐ Allergies (food or other)

List Allergies

☐ Asthma

Year Diagnosed \_\_\_\_\_

☐ Seizures/Epilepsy

Year Diagnosed \_\_\_\_\_

☐ Diabetes (please select one) ☐ Type 1 ☐ Type 2 ☐ Other

Year Diagnosed \_\_\_\_\_

☐ Sickle Cell Disease

Year Diagnosed \_\_\_\_\_

☐ Other \_\_\_\_\_ Year Diagnosed \_\_\_\_\_

## 2. MY CHILD HAS A PRIMARY DOCTOR. ☐ YES ☐ NO

If yes, please provide the healthcare provider's name and phone number:

Name \_\_\_\_\_ Phone number \_\_\_\_\_

☐ I give permission for my child's school nurse or designee to talk to the doctor about my child's health.

## 3. MY CHILD IS COVERED BY HEALTH INSURANCE. ☐ YES ☐ NO

**If your child needs health insurance call  
Healthy CPS 773-553-KIDS (5437).**

This Form is **NOT** the same as a "Plan of Care" (detailed medical care instructions to keep your child safe). If your child has a health condition that may require action at school, please provide school with documentation from your physician and schedule an appointment with your school nurse. Complete a "Medical Plan of Care Form" at: [www.cps.edu/oshw](http://www.cps.edu/oshw) (or get it from the school nurse), and return it to school. **If your child has a health condition, please schedule an appointment with the school nurse.**

**Please return the form to the school nurse. If the student has a health condition, parents must schedule a meeting with the school nurse.**

Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Email \_\_\_\_\_

Nurses

Use Only

Reviewed by (Initials)

Date

Revised April 25, 2019

*Must have an original signature; an electronic signature is not acceptable.*



# Media Consent Form and Release



## Consent/Release

I hereby consent to have my child photographed, digitally recorded, video taped, audio taped and/or interviewed by the Board of Education of the City of Chicago (the "Board") or the news media when school is in session, either in person or hosted remotely, or when my child is under the supervision of the Board. Further, I consent for these photos, digital recordings, video tapes, audio tapes and/or interviews to be shared with third parties who have received written approval from the Office of Communications. I understand in the course of the above described activities that the Board might like to celebrate my child's accomplishments and work. Therefore, I further consent for the Board's release of information on my child's name, academic/non-academic awards and information concerning my child's participation in school-sponsored activities, organizations and athletics.

I also consent to the Board's use of my child's name, photograph or likeness, voice or creative work(s) on the Internet or on a CD or any other electronic/digital media or print media electronic which may include honorary banners/signs displayed in, near, or around the school building or community.

As the child's parent or legal guardian, I agree to release, indemnify and hold harmless the Board, its members, trustees, agents, officers, contractors, volunteers and employees from and against any and all claims, demands, actions, complaints, suits or other forms of liability that shall arise out of or by reason of, or be caused by the use of my child's name, photograph or likeness, voice or creative work(s), on television, radio or motion pictures, or on the Internet, or on a CD, or any other electronic/digital media or print media or in connection with my child's participation in virtual school events and/or celebratory activities.

It is further understood and I do agree that no monies or other consideration in any form, including reimbursement for any expenses incurred by me or my child, will become due to me, my child, our heirs, agents, or assigns at any time because of my child's participation in any of the above activities or the above-described use of my child's name, photograph or likeness, voice or creative work(s).

I understand that I may cancel this consent by providing written notice to the principal. I also understand that my consent is valid for one school year, including the following summer.

## Instructions: Check Box #1 or Box #2

- ☐ 1. I consent as outlined in the above consent/release section.
- ☐ 2. I DO NOT consent as outlined in the above consent/release section.

*please print or type:*

Student's Name

Name of Parent/Guardian/Student if age 18 or older

School

Date

Signature of Parent/Guardian/Student if age 18 or older

Student ID #

I understand that I have the right to inspect and copy my student's records, challenge the contents of such records; and limit my consent to the designated records or designated portions of information within the records.

*Must have an original signature; an electronic signature is not acceptable.*





# School Messaging Consent Form



Dear Parent/Guardian/Student:

If age 18 or older, Your school and the district will periodically want to send information regarding school or district events, updates or initiatives. We will utilize the phone messaging system to remind you about these events, updates, and initiatives; including report card distribution, field trips, community events, parent-teacher conferences, announcements, COVID-19 information and screenings, and more. To ensure you receive periodic school or district related notifications and reminders, your consent is needed below.

In the event of an emergency, whether or not consent is on file, you will be informed by all contact information provided. Emergency calls include weather closures, health risks, threats, unexcused absences, and other situations affecting the health or safety of students and faculty. Emergency calls will be sent to all the phone numbers, including cellular numbers, listed on the student's record. Please make sure these numbers are updated with the school.

Please fill out and return this form to ensure you receive informational calls and texts.

**By signing this form, you are authorizing Chicago Public Schools to use an automated system to periodically deliver automated informational calls or text messages to the phone number(s) provided below. If you change your phone number or no longer wish to receive automated calls and texts, you agree to inform Chicago Public Schools immediately. By signing below, you agree that this consent will remain valid and you will continue to receive automated phone calls and text messages unless or until you revoke your consent. Standard messaging rates and data may apply.**

- ☐ I CONSENT as outlined in the above section.
- ☐ I DO NOT CONSENT as outlined in the above section.

*please print or type:*

Student's Name

Name of Parent/Guardian/Student if age 18 or older

School

Date

Signature of Parent/Guardian/Student if age 18 or older

Student ID #

Phone Number 1 for Messages

Phone Number 2 for Messages

E-mail Address

*Must have an original signature; an electronic signature is not acceptable.*



# CPS Family Income Information Form 2022/2023



The purpose of this form is for CPS to obtain information about families' income to determine school funding. CPS and your school may receive additional funding based on the number of low-income families enrolled. Please complete this form and return it to the school's main office.

please print or type:

SCHOOL NAME

DOES YOUR FAMILY HAVE INTERNET SERVICES AT HOME? ☐ YES ☐ NO

**PART 1: Household Information**— List all members of your household living with you.

\*Foster Children (legal responsibility of welfare agency or court)

**PART 2: SNAP/TANF** number of any member of your household (go to part 6)

FOSTER CHILD?	CPS STUDENT?	ALL HOUSEHOLD MEMBER NAMES			DATE OF BIRTH	DHS SNAP OR TANF CASE NUMBER (LAST 9 DIGITS)								
		Last	First	M.I.										
<input type="checkbox"/>	<input type="checkbox"/>													
<input type="checkbox"/>	<input type="checkbox"/>													
<input type="checkbox"/>	<input type="checkbox"/>													
<input type="checkbox"/>	<input type="checkbox"/>													
<input type="checkbox"/>	<input type="checkbox"/>													
<input type="checkbox"/>	<input type="checkbox"/>													

**PART 3: Homeless, Migrant, Runaway Child, or child enrolled in Head Start**

- ☐ HOMELESS  
☐ MIGRANT  
☐ RUNAWAY  
☐ HEAD START

Homeless, Migrant, Runaway or Head Start Liaison Signature

Date

**PART 4: List Household Members With Income** (SKIP THIS if you answered any of parts 2 or 3)

Enter the amount of income and how often it is received for each household member.

**Frequency:** Weekly, Every 2 Weeks, Twice Monthly, Monthly, Annually

**OTHER INCOME** can be but not limited to Welfare, Child Support, Retirement, Social Security, Worker's Comp. and Unemployment.

HOUSEHOLD MEMBER NAMES WITH INCOME			GROSS INCOME (before deductions)	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Annually	OTHER INCOME	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Annually
First	Last	M.I.												
			\$						\$					
			\$						\$					
			\$						\$					
			\$						\$					
			\$						\$					

**PART 5: Opt in for information about other benefits.**

- ☐ YES! I am interested in applying for a waiver of instructional fees.
- ☐ YES! I am interested in applying for the Supplemental Nutrition Assistance Program (SNAP) and/or the Medicaid Program. Or call 773-553-5437

Signature

## PART 6

**Signature:** I certify that all above information is true and all income is reported. I understand that information gathered from this form will be used to calculate Federal funding and screen CPS students for eligibility for other benefits and that school officials may verify (check) the information as being accurate; and that if I purposely give false information, I may be prosecuted.

Signature of adult household member

Parent / Guardian First Name

Parent / Guardian Last Name

Address

Zip Code

Date

Must have an original signature; an electronic signature is not acceptable.



# CPS Family Income Information Form 2022/2023



## PART 7: Children's Racial and Ethnic Identities (Optional)

### MARK ONE ETHNIC IDENTITY:

- ☐ Hispanic / Latino
- ☐ Not Hispanic / Latino

### MARK ONE OR MORE RACIAL IDENTITIES:

- ☐ Asian ☐ Black / African American ☐ Native Hawaiian / Other Pacific Islander
- ☐ White ☐ American Indian / Alaska Native

## Instructions For Completing Family Income Information Form

### IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM SNAP/TANF, FOLLOW THESE INSTRUCTIONS:

- Part 1:** List all of the household members and date of birth (for students). (Attach another application if necessary.)
- Part 2:** List the DHS case number (SNAP or TANF) of any household member that corresponds with their name in Part 1. Do not use your Medicare card number.
- Skip to Part 5:** If you are interested in sharing application information with All Kids or SNAP agencies, check the box and sign.
- Part 6:** Sign the Form.
- Part 7:** Check the appropriate box to indicate your racial and ethnic identities.

### IF YOU ARE APPLYING FOR A HOMELESS, MIGRANT, RUNAWAY, OR HEAD START CHILD, FOLLOW THESE INSTRUCTIONS:

- Part 1:** List all of the household members and date of birth (for students).
- Skip to Part 3:** Check the appropriate box; obtain date and signature of Homeless, Migrant, or Runaway Liaison/Coordinator.
- Skip to Part 5:** If you are interested in sharing application information with All Kids or SNAP agencies, check the box and sign.
- Part 7:** Check the appropriate box to indicate your racial and ethnic identities.

### IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

#### If all children in the household are foster children:

- Part 1:** List Students name, date of birth and check the box for "Foster Child" to the left of your foster child's name.
- Skip to Part 5:** If you are interested in sharing application information with All Kids or SNAP agencies, check the box and sign.
- Part 6:** Sign the Form.

### If some children in the household are foster children:

- Part 1:** List Students name, date of birth and check the box for "Foster Child" to the left of your foster child's name.
- Skip to Part 4:** Follow the instructions under ALL OTHER HOUSEHOLDS INSTRUCTIONS (Part 4) below.
- Part 5:** If you are interested in sharing application information with All Kids or SNAP agencies, check the box and sign.
- Part 6:** Sign the Form.
- Part 7:** Check the appropriate box to indicate your racial and ethnic identities.

### ALL OTHER HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

- Part 1:** List all of the household members and date of birth (for students).
- Skip to Part 4:** Follow these instructions to report total household income:

#### Column 1: Name

List the first and last name of each person in your household who receives income, related or not (such as grandparents, other relatives, or friends. Attach another sheet of paper if necessary.).

#### Columns 2 & 3: Gross Income Amounts and Frequency

The Gross Income is the amount earned before taxes and other deductions. It should be noted on pay stubs. This is not the same as take-home pay. List the amount each person receives from these sources. Round to the nearest dollar. All other sources of income should also be noted on this application. Next to each amount fill in the circle that indicates how often the person receives their stated income (weekly, every other week, twice a month, monthly, or annually). If you do not wish to disclose your income, please note "decline to answer" in this section. Be aware that if you are low-income, failure to share household income information could reduce the funds your school may otherwise receive.

- Part 5:** If you are interested in sharing application information with Medicaid or SNAP agencies, check the box and sign.
- Part 6:** Sign the Form.
- Part 7:** Check the appropriate box to indicate your racial and ethnic identities.

## SCHOOL USE ONLY

Initial Determination: ☐ ELIGIBLE (Free or Reduced) ☐ INELIGIBLE (Denied, N/A or ?)

CONFIRMATION (Only for those applications selected for verification)