



# Katherine Anne Porter School

*Celebrating Diversity and Choice  
in a Creative Community of Learners*

*New Student*

## ENROLLMENT PACKET

**This packet contains important information and required forms to enroll your child at KAPS.**

Students who are 18 or older can register themselves. All other students must be registered by a parent, legal guardian, or other person having lawful control by a court order (except homeless students).

The following pages detail what you need to be aware of when enrolling your student. In addition, a checklist is provided to assist you with gathering the required documentation and ensuring you have all of the necessary paperwork filled out.

To keep current with news and events, visit our website regularly at:  
[www.kapschool.org](http://www.kapschool.org)

**NOTE:** It is essential that you always keep your contact information up-to-date. KAPS communicates emergency information through an auto-call phone and email system. The district also periodically sends important information through regular mail.

# Welcome to Katherine Anne Porter Charter School

## 2016-2017 School Year

We are looking forward to a great year with our staff, students, parents, and community. Many of our staff have been working throughout the summer to assure that our students return will be an exceptional one.

We know a strong partnership with you, the community, and your students will make a great difference in your student's education. As partners, we share the responsibility for our students' success. We want you to know that we will do our very best to carry out that responsibility.

The core values of our school teach our students the knowledge, skills, principles, and behaviors necessary to become responsible and productive members of a diverse society through three cornerstones: Rigor, Relationships, and Relevance.

### **RIGOR**

- ✓ Promotes the development and use of high quality, research-based "best practices" for effective instruction.
- ✓ Utilizes data and ongoing evaluation, with revision, to develop curriculum, improve instructional practices, implement interventions, and design professional learning communities.
- ✓ Establishes high academic standards and measures student attainment to those standards by using local, state, and, eventually, national assessments.

### **RELATIONSHIPS**

- ✓ Engages family and community partners in the educational process,
- ✓ Involves students and families in setting academic goals and celebrating accomplishments.
- ✓ Enhances intellectual and emotional connections among adults and students.
- ✓ Encourages and fosters positive and effective communication and working relationships with students, families and the community.
- ✓ Provides a safe, respectful, responsive, and inclusive learning environment that promotes physical, emotional, social, and mental wellness.
- ✓ Encourages responsible and collaborative leadership in the community and greater society.

### **RELEVANCE**

- ✓ Creates a learning environment that models and reflects understanding and appreciation of diverse cultures and ideas.
- ✓ Provides opportunities and resources to promote student success in a 21<sup>st</sup> century society.
- ✓ Provides a myriad of enrichment programs and extracurricular activities designed to develop students' talents, creativity, and self esteem.
- ✓ Enhances learning opportunities through interdisciplinary collaboration and technological opportunities.
- ✓ Creates instructional opportunities that are relevant and relate to "real world" experiences.
- ✓ Strives to meet the individual needs of our students by promoting greater personalization in our school.
- ✓ Monitors and ensures personal growth through assessment, decision-making, and goal setting.
- ✓ Prepares students for successful entry into the ever changing life of career, college, and community.

Our projected tasks will take time. So, "Hangest Thou in There" with us, as we expand the possibilities for our students in the future of KAPS.

*Coni Wilson*  
Superintendent

**Mandatory documents needed from parent/guardian:**

- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ Social Security Card
- \_\_\_\_\_ Immunization Records (Current, Verified by KAPS Nurse)
- \_\_\_\_\_ Withdrawal Form, Transcript or Last Report Card (if transferring from out of state)
- \_\_\_\_\_ Identification of Adult Enrolling Student
- \_\_\_\_\_ Legal Guardianship Documents (if applicable)
- \_\_\_\_\_ Foster Care letter/DFPS form 2085 (if applicable)
- \_\_\_\_\_ Court orders (Divorce decree, custody, etc. if applicable and regarding the student)

**Mandatory Forms provided by KAPS:**

- \_\_\_\_\_ Registration Form (F1-R)
- \_\_\_\_\_ Military Form (If military connected then copy of orders, ID, VA letter, etc. are required) (F1-M)
- \_\_\_\_\_ Parent–Student Handbook Acknowledgment (F1-A Part 1&2)
- \_\_\_\_\_ (FERPA) Student Directory Information (F1-F)
- \_\_\_\_\_ Bus Expectations and Passenger Consent Policy (F1-B)
- \_\_\_\_\_ Release to Military and Institutes of Higher Education (F1-N)
- \_\_\_\_\_ Ethnicity and Race Data (F1-I)
- \_\_\_\_\_ Emergency Health Card (F1-H)
- \_\_\_\_\_ TB Questionnaire (F1-TB)
- \_\_\_\_\_ Home Language Survey (F1-G)
- \_\_\_\_\_ Wi-Fi/Technology Agreement (F1-TW)
- \_\_\_\_\_ Title 1 Parent Compact (F1-T1)
- \_\_\_\_\_ SPED (F1-SE)
- \_\_\_\_\_ Request for Records (F1-RQ)
- \_\_\_\_\_ Liability Waiver (F1-LW)
- \_\_\_\_\_ ACE 21st Century- After school Program (F1-21)
- \_\_\_\_\_ Field Trip Permission (F1-FT)
- \_\_\_\_\_ Risk Assessment (F1-C)
- \_\_\_\_\_ Free/Reduced Lunch (F1-L)

**PARENTS: This is your child's registration form. Please complete all blank items and please correct any pre-printed information.**

**STUDENT INFORMATION**

Student's LEGAL Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Student's Date of Birth (MM-DD-YYYY) \_\_\_\_\_ Social Security Number \_\_\_\_\_

<input type="checkbox"/> Male	Has student ever attended a school in Texas? <input type="radio"/> Yes <input type="radio"/> No	Is this student the subject of a court or custody order? <input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> Female	Last school attended _____	If yes, please provide a copy of the order to the school.

**#1 PARENT/GUARDIAN with whom the student resides**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Primary Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Relationship to student \_\_\_\_\_

**#2 PARENT/GUARDIAN with whom the student resides**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Relationship to student \_\_\_\_\_

**NAME OF PARENT NOT LIVING WITH STUDENT** *If there are restrictions on individual's access to student, documentation must be on file.*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Primary Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Relationship to student \_\_\_\_\_

**PERSON(S) OTHER THAN PARENT WHO MAY TRANSPORT YOUR CHILD AND/OR SHOULD BE CONTACTED IN CASE OF EMERGENCY**

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Pick up  Call in emergency

Primary Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Relationship to student \_\_\_\_\_

**PHOTOGRAPHS AND VIDEO IMAGES**

I hereby grant permission to KAPS to photograph and/or video my child and to use his/her name, photographs or video clips in newspapers, district/campus website, brochures, newsletters, digital yearbooks, promotional venues, and/or instructional programs. The photograph(s) or video(s) are solely the property of KAPS. My child or I will not be paid a fee, stipend, or any other sort of compensation for his/her time nor for the use of his/her photograph and/or video.

**ELECTRONIC COMMUNICATION SYSTEM**

I hereby understand that students of KAPS will be granted access to the District's electronic communications system that includes access to the Internet and Worldwide Web. This access is a privilege, not a right. The District may suspend or revoke a system user's access upon violation of District policy and/or administrative regulations regarding acceptable use or upon written parental request to the campus principal. The information may be found in Parent/Student Handbook on the KAPS website, www.kapschool.org

**PARRENT/GUARDIAN SIGNATURE**

**DATE:** \_\_\_\_\_

— ALL OF THE ABOVE INFORMATION IS CORRECT. I understand that the Texas Penal Code, Section 37.10, states that it is an offense to (1) make a false entry, or false alteration of a government record, (2) present a document with knowledge of its falsity, or (3) impair the verity or legality of the record. I further understand that the Texas Education Code, Section 25.001(h), states that it is an offense to knowingly provide false information on a form required for enrollment of a student. Offenses may result in legal actions including, but not limited to, fines and/or liability for payment of tuition.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



## Military Connected Form

PLEASE COMPLETE THIS FORM ONLY IF YOUR CHILD MEETS ONE OF THE CRITERIA BELOW

**Please check one box below to indicate if your child is a dependent of a member of:**

- Active Duty: Army, Navy, Air Force, Marine Corps, or Coast Guard [This includes Missing in Action (MIA)]
- Texas National Guard
- Reserve Duty: Army, Navy, Air Force, Marine Corps, or Coast Guard

In 2009 The Texas Legislature adopted the Interstate Compact on Educational Opportunity for Military Students – Texas Education Code Chapter 162.

This legislation requires schools to recognize and extend certain privileges to students who are military dependents and to assist military dependent students in the transition process of changing schools when their military parents are reassigned and forced to relocate.

Parent Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If Known: Student ID: \_\_\_\_\_ Grade: \_\_\_\_\_ Campus: \_\_\_\_\_



# Parent-Student Handbook for School Year 2016-17

## Acknowledgment of Electronic Distribution

My child and I are responsible for reading, understanding, and abiding by the KAPS Parent-Student Handbook which includes the Student Code of Conduct, the Extra-Curricular Code of Conduct and the Internet Acceptable User Policy and consent. My child and I have been offered the option to receive a paper copy or to electronically access at [www.kapschool.org](http://www.kapschool.org).

### I have chosen to:

- Accept responsibility to retrieve a paper copy of the Parent-Student Handbook and the Student Code of Conduct from the KAPS front desk
- Accept responsibility for accessing the Parent-Student Handbook and the Student Code of Conduct by visiting the Web address listed above.

I have read, understand and agree to abide by the Katherine Anne Porter School Student Code of Conduct for this school year. I understand that my child will be held accountable for the behavior expectations and disciplinary consequences outlined in the Student Code of Conduct. I understand that the Student Code of Conduct governs all behavior at school, at school-sponsored and school-related activities and during school-sponsored travel. I also understand the Student Code of Conduct governs some designated behaviors occurring within 300 feet of school property, some designated behaviors occurring off-campus, and for any school-related misconduct regardless of time or location. I understand that a referral for criminal prosecution is possible for certain violations of law. If you have any questions, we encourage you to ask for an explanation from teachers, the school counselors, or campus administrators.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Date

# Initial Attendance Notice

## Minimum Attendance for Class Credit or Final Grade

According to Texas Education Code Section 25.092, "a student in any grade level from [K-12] may not be given credit or a final grade for a class unless the student is in attendance for at least 90 percent of the days the class is offered."

## Nonattendance Liability

Texas law requires parent notification of the following:

Katherine Anne Porter School subscribes to the Texas Education Code Section 25.095 which states, "If the student is **absent** from school on **10 or more days or parts of days within a six-month period in the same school year**:

1. the student's parent is subject to prosecution under Section 25.093; and
2. the student is subject to referral to a truancy court for truant conduct under Section 65.003(a), Family code.

## Parent Contributing to Non Attendance (ED 25.093)

A parent commits an offense:

1. If a warning was issued at the beginning of the school year;
2. When the parent, with criminal negligence, fails to require the child to attend school as required by law; and
3. The child is **absent** from school on **10 or more days or parts of days within a six-month period in the same school year**.

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Parent/Guardian Signature

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Date

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Student Signature

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Date

# Student Technology and Internet Consent Policy

Technology at the Katherine Anne Porter School is provided to facilitate the students' education. It is a privilege and will be taken away if the student violates school policy. Violation of school policy will also result in disciplinary action. If there is a violation of monetary value the student/parent will be held responsible. Students will not hold any teacher or Katherine Anne Porter School responsible or legally liable for material distributed or acquired from the network or Internet.

**All students at the Katherine Anne Porter School are required to follow these acceptable use guidelines:**

1. The student may only use his/her password and user ID to enter the computer system.
2. Under no circumstances are students allowed to share their login credentials.
3. Students will not be allowed in the computer lab unless they are accompanied by faculty member.
4. Students are not allowed to bring food or beverages into any computer lab.
5. Food and drink are prohibited when laptops are in use in the classroom.
6. Students are required to clean up after themselves.
7. Students are not allowed to connect or disconnect cables or devices (this applies to all areas).
8. Students are not allowed to install ANY programs on school computers (this applies to all areas).
9. Students are required to log off of the computer before leaving (this applies to all areas).
10. If students use KAPS headphones they are required to return the headphones to the faculty member before leaving class.
11. The student will follow the directions of the Faculty Member in charge.
12. The student will not do anything to damage or disrupt equipment or system performance; students will not remove or add any furniture to the PC Lab.
13. Students will not use the school's technology for personal, financial, or commercial gain.
14. The unauthorized use of programs/applications is prohibited – (I.E., Students can only use programs for which he/she has been given rights.).
15. The student will not engage in any communications or transactions via the Internet unless specified and supervised by the teacher in charge or by the network administrator.
16. Students are not allowed to tamper with another student's account.
17. The network administrator reserves the right to disable any student's account upon suspicion of improper use of equipment or the violation of any of the stated guidelines.

## Internet Filtering:

The school computers and network are not to be used for any communication (E.G., unauthorized email, social networking, chat, etc.) unless directed by a faculty member. The school uses an Internet filter to aid in the reduction of violent, offensive, inaccurate, inappropriate and illegal material found on the Internet. If for some reason the filter stops functioning students are still expected to adhere to school policy. Any attempts to bypass the web filter will result in severe disciplinary action.

## Portables:

Phones, Smart Phones, Tablets, Media Players and Notebooks are only allowed for school work and only in cases where students are instructed to use them by a *faculty member*. If they are used under any other circumstances they will be confiscated. These devices can be confiscated by any *staff member*. They will be returned at the discretion of the principal and will result in a monetary fine of \$15. In order to access the Katherine Anne Porter Wi-Fi the student must bring the device to the IT department so that the MAC address can be recorded and entered into the system.

## Wi-Fi:

Wi-Fi will be provided for the students. In order to gain access the student must sign the acceptable use policy. After the acceptable use policy is signed the student must bring his/her device to the IT department who will maintain a log based on the device ID. Any policy violations will result in the revocation of Wi-Fi access by that device. If a student loses his/her Domain login privileges Wi-Fi access will also be revoked.

## Hot spots:

**The establishment of unauthorized Wi-Fi hot spots is strictly prohibited and will result in disciplinary action.**

**I have read this document and agree to comply with this policy:**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note: Your temporary password will be: pw. You will be required to change your temporary password the first time you log in to the domain.**





## **Family Educational Rights and Privacy Act (FERPA): Notification of Rights**

The Family Educational Rights and Privacy Act (FERPA) affords parents and students who are 18 years of age or older ("eligible students") certain rights with respect to the student's education records. These rights are:

1. The right to inspect and review the student's education records within 45 days after the day the Katherine Anne Porter School receives a request for access.

Parents or eligible students should submit to the school principal a written request that identifies the records they wish to inspect. The school official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.

2. The right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA.

Parents or eligible students who wish to ask the School to amend a record should write the school principal or appropriate school official, clearly identify the part of the record they want changed, and specify why it should be changed. If the school decides not to amend the record as requested by the parent or eligible student, the school will notify the parent or eligible student of the decision and of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

3. The right to provide written consent before the school discloses personally identifiable information (PII) from the student's education records, except to the extent that FERPA authorizes disclosure without consent.

One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the school as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel) or a person serving on the school board. A school official also may include a volunteer or contractor outside of the school who performs an institutional service of function for which the school would otherwise use its own employees and who is under the direct control of the school with respect to the use and maintenance of PII from education records, such as an attorney, auditor, medical consultant, or therapist; a parent or student volunteering to serve on an official committee, such as a disciplinary or grievance committee; or a parent, student, or other volunteer assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

Upon request, the school discloses education records without consent to officials of another school district in which a student seeks or intends to enroll, or is already enrolled if the disclosure is for purposes of the student's enrollment or transfer.

4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the School to comply with the requirements of FERPA. The name and address of the Office that administers FERPA are:

**Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, DC 20202**

FERPA permits the disclosure of PII from students' education records, without consent of the parent or eligible student, if the disclosure meets certain conditions found in §99.31 of the FERPA regulations. Except for disclosures to school officials, disclosures related to some judicial orders or lawfully issued subpoenas, disclosures of directory information, and disclosures to the parent or eligible student, §99.32 of the FERPA regulations requires the school to record the disclosure. Parents and eligible students have a right to inspect and review the record of disclosures. A school may disclose PII from the education records of a student without obtaining prior written consent of the parents or the eligible student –

- To other school officials, including teachers, within the educational agency or institution whom the school has determined to have legitimate educational interests. This includes contractors, consultants, volunteers, or other parties to whom the school has outsourced institutional services or functions, provided that the conditions listed in §99.31(a)(1)(i)(B)(1) - (a)(1)(i)(B)(2) are met. (§99.31(a)(1))
- To officials of another school, school system, or institution of postsecondary education where the student seeks or intends to enroll, or where the student is already enrolled if the disclosure is for purposes related to the student's enrollment or transfer, subject to the requirements of §99.34. (§99.31(a)(2))
- To authorized representatives of the U. S. Comptroller General, the U. S. Attorney General, the U.S. Secretary of Education, or State and local educational authorities, such as the State educational agency in the parent or eligible student's State (SEA). Disclosures under this provision may be made, subject to the requirements of §99.35, in connection with an audit or evaluation of Federal- or State-supported education programs, or for the enforcement of or compliance with Federal legal requirements that relate to those programs. These entities may make further disclosures of PII to outside entities that are designated by them as their authorized representatives to conduct any audit, evaluation, or enforcement or compliance activity on their behalf. (§§99.31(a)(3) and 99.35)
- In connection with financial aid for which the student has applied or which the student has received, if the information is necessary to determine eligibility for the aid, determine the amount of the aid, determine the conditions of the aid, or enforce the terms and conditions of the aid. (§99.31(a)(4))
- To State and local officials or authorities to whom information is specifically allowed to be reported or disclosed by a State statute that concerns the juvenile justice system and the system's ability to effectively serve, prior to adjudication, the student whose records were released, subject to §99.38. (§99.31(a)(5))
- To organizations conducting studies for, or on behalf of, the school, in order to: (a) develop, validate, or administer predictive tests; (b) administer student aid programs; or (c) improve instruction. (§99.31(a)(6))
- To accrediting organizations to carry out their accrediting functions. (§99.31(a)(7))
- To parents of an eligible student if the student is a dependent for IRS tax purposes. (§99.31(a)(8))
- To comply with a judicial order or lawfully issued subpoena. (§99.31(a)(9))
- To appropriate officials in connection with a health or safety emergency, subject to §99.36. (§99.31(a)(10))
- Information the school has designated as "directory information" under §99.37. (§99.31(a)(11))



# **Bus Expectations and Passenger Consent Policy**

## **Bus Rules**

1. Cooperate with the driver and other school personnel at all times.
2. Be at the designated stop 10 minutes prior to the scheduled bus arrival time and be ready to board.
3. As the bus approaches, form a single line at least six feet away from where the bus stops.
4. Board the bus carefully and courteously.
5. Take our assigned seat and remain seated until the bus has come to a complete stop at your authorized stop.
6. Leave the bus carefully and courteously.
7. Driver is authorized to assign seats.
8. Be courteous to other riders; do not try to save seats for your friends.
9. Report any problems on the bus to the bus driver, Director of Transportation, or school personnel.
10. All loose items, including band instruments, should be secured.
11. All students who use District transportation must board buses at authorized stops only. Authorized stops will be designated annually by the Superintendent or designee. Bus drivers will load and unload passengers only at authorized stops.
12. Except for water in a plastic or non-breakable bottle, no eating or drinking is allowed.
13. The following items are prohibited:
  - Glass objects
  - Live animals and/or insects
  - Aerosol containers
  - Open flame of any kind
  - Explosives or fireworks
  - Tobacco products of any type
  - Objects too large to fit in a student's lap or seat
  - Any item that may present a risk to the safety of passengers

## **Cell Phones and Electronic Devices**

Cell phones and all electronic devices should remain in the possession of the owner in order to prevent loss or damage. The district **will not** be responsible for damaged, lost, or stolen telecommunications devices.

Parents should be aware that drivers are unable to monitor appropriate use of electronic devices while on the school bus.



# **Bus Expectations and Passenger Consent Policy Cont.**

## **Conduct Resulting in the Loss of Bus Privileges**

- Fighting, physical abuse or threat of physical abuse.
- Throwing objects within the bus or out the window.
- Possession of any controlled substance.
- Possession or use of any object used to inflict bodily injury to a person including, but not limited to, guns, knives, chains, explosives or fireworks. Anything that resembles a weapon shall be considered as a weapon.
- Extending body parts from the bus.
- No public display of affection
- No profanity/inappropriate conversations.
- Boarding or leaving the bus through the emergency door unless there is an emergency.
- Vandalism of any part of the inside or outside of the bus. In addition to being charged for the damages, further bus privileges may be denied.
- Flagrant disrespect or disobedience to the driver.
- Repeated infractions of bus safety rules.

## **Steps of Discipline for Bus Safety**

1. Verbal warning to student with notification to parent
2. Written warning to student with notification to parent and campus disciplinary action
3. One (1) school day in school suspension
4. Three (3) school days suspension from the bus
5. Five (5) school days suspension from the bus
6. Ten (10) school days suspension from the bus
7. Twenty (20) school days suspension from the bus
8. Suspension from the bus for the remainder of the school year

Any subsequent infraction(s), regardless of the level of offense or the time, will result in the next level of disciplinary action.

**STUDENT SIGNATURE** \_\_\_\_\_

**PARENT SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_



## Release of Information

### HIGH SCHOOL STUDENTS ONLY

Federal law requires districts receiving assistance under the Elementary and Secondary Education Act of 1965 to provide a military recruiter or an institution of higher education, on request, with the name, address, or telephone number of a secondary student unless the parent has advised the district that the parent does not want the student's information disclosed without the parent's prior written consent.

**Military:** Select one of the following:

- I **DO NOT** object to the release of my child's name, address, and telephone number to a military recruiter.
- I **DO** object to the release of my child's name, address, and telephone number to a military recruiter.

**Higher Education Institutions:** Select one of the following:

- I **DO NOT** object to the release of my child's name, address, and telephone number to an institution of higher education.
- I **DO** object to the release of my child's name, address, and telephone number to an institution of higher education.

***Note: If you do not make a selection, it means you do not object to the release of this information about your child.***

**Student Name:** \_\_\_\_\_ **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 Name

\_\_\_\_\_  
(Parent/Guardian) Signature

\_\_\_\_\_  
Date

Texas Education Agency – March 2010



Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Nombre del estudiante: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_ Grado: \_\_\_\_\_

Sex: M  F

Sexo:

Place of Birth: \_\_\_\_\_

Lugar nade cimientio: \_\_\_\_\_

**YES**

**NO**

**Has your student ever attended a school in the United Sates?**

*¿Ha asistido el estudiante alguna vez a alguna escuela en los estados unidos?*

Which state \_\_\_\_\_

*¿En que Estado?*

**Has your child lived outside the United States for two or more consecutive years?**

*¿Ha vivido su hijo/a fuera de los Estados Unidos por dos o mas años consecutivos?*

**If yes, indicate when: \_\_\_\_\_ (From month/year to month/year)**

*Si usted marcó "si," indique el period de tiempo: \_\_\_\_\_ (Desde: mes/año hasta mes/año)*

1. What language is spoken **in your home most** of the time?

*¿Qué idioma se habla **en su casa la mayor parte** del tiempo?*

1. \_\_\_\_\_

2. What language does your child speak most of the time?

*¿Qué idioma habla su hijo/a la mayor parte del tiempo?*

2. \_\_\_\_\_

3. **Which language did your son/daughter learn when he/she first began to talk?**

*¿Cuándo su hijo/a empezó a hablar cual idioma aprendió primero?*

3. \_\_\_\_\_

4. What language do you use most frequently to speak to your son/daughter?

*¿Cual idioma usa Ud. con mas frecuencia cuando habla con su hijo/a?*

4. \_\_\_\_\_

\_\_\_\_\_  
*Parent or Guardian Signature*

*Firma del Padre o Tutor*

\_\_\_\_\_  
*Contact Number*

*Telefono o Celular*

\_\_\_\_\_  
*Date*

*Fecha*

\_\_\_\_\_  
**Street Address**

*Calle*

\_\_\_\_\_  
**City**

*Ciudad*

\_\_\_\_\_  
**State**

*Estado*

\_\_\_\_\_  
**Zip**

*Codigo Postal*

# KATHERINE ANNE PORTER SCHOOL

## ACE 21<sup>ST</sup> CENTURY COMMUNITY LEARNING CENTERS AFTER SCHOOL PROGRAM



**Katherine Anne  
Porter School**

*Celebrating Diversity and Choice  
in a Creative Community of Learners*



I am the parent/guardian of: \_\_\_\_\_ and I give permission for my student to attend the ACE 21<sup>st</sup> Century Community Learning Center After School program that is held at the Katherine Anne Porter School.

I understand that my student will follow the Katherine Anne Porter School policies and procedures for students as outlined in the current student handbook.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Parent Phone #: \_\_\_\_\_

Student Cell Number: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_





**Katherine Anne Porter School  
 EMERGENCY HEALTH INFORMATION**

ID # \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_

Female  Male

\_\_\_\_\_  
 Nickname Date of Birth

Home Address \_\_\_\_\_  
 City State Zip Code Home Telephone #

Mailing Address \_\_\_\_\_

Mother's Name \_\_\_\_\_  
If different from home address Father's Name \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Father's Employer \_\_\_\_\_

Mother's Daytime Phone \_\_\_\_\_ Father's Daytime Phone \_\_\_\_\_

PC Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance (choose one):  CHIP  Medicaid  Private  None Group/Policy#: \_\_\_\_\_

In the event parents cannot be reached, please list two other adults whom you authorize to make medical decisions for your child in the event of injury or illness. Please keep these records updated throughout the school year.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

In case of accident or sudden illness, I hereby authorize school personnel to seek medical treatment for my child, EMS transport to an accepting hospital emergency room in Austin, Kyle or San Marcos. Transport to be carried out when school authorities feel my child's condition warrants such action. I agree to assume responsibility for payment of all emergency care to the health care providers involved.

(X) \_\_\_\_\_  
 Signature of Parent or Legal Guardian Date

**SPECIAL HEALTH CONDITIONS**

Does your child have any allergies? Yes  No   
 If yes, please explain \_\_\_\_\_

Does your child take medication on a regular basis? Yes  No

If yes, please list medicine name, dose and time(s) \_\_\_\_\_

Does your child have or has he/she ever had any health conditions that require special attention? Yes  No

If yes, please explain \_\_\_\_\_

**TREATMENTS & MEDICATION AT SCHOOL**

- BOTH PRESCRIPTION AND NONPRESCRIPTION Medications to be given during school hours **must be provided by the parent** and kept in the school clinic.
- PRESCRIPTION medication to be given on a daily or as needed basis for the duration of the school year require both a parent and a detailed doctor's note.
- Over the counter or NONPRESCRIPTION medications (such as Tylenol, cough syrup, etc.) may be given for no more than five school days when sent in the original container and accompanied by a parent note.
- Nonprescription medications to be given at school for more than five school days require a doctor's note.
- Homeopathic treatments, food supplements or herbal remedies will not be administered.
- Treatments and medical procedures to be performed during the school day require a doctor's note.

**I authorize school personnel to administer OTC medications to my child as provided by me and directed by myself or their doctor. I understand that the health information provided above will be shared at the school administrators' discretion with school staff directly involved with my child and that it is in the best interest of my child to provide current health information and emergency telephone numbers to the school.**

(X) \_\_\_\_\_  
 Signature of Parent or Legal Guardian Date



# TB Questionnaire

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Tuberculosis (TB) is a disease caused by TB germs and is usually transmitted by an adult person with active TB lung disease. It is spread to another person by coughing or sneezing TB germs into the air. These germs may be breathed in by the child.

Adults who have active TB disease usually have many of the following symptoms: cough for more than two weeks duration, loss of appetite, weight loss of ten or more pounds over a short period of time, fever, chills and night sweats.

A person can have TB germs in his or her body but not have active TB disease (this is called latent TB infection or LTBI).

Tuberculosis is preventable and treatable. TB skin testing (often called the PPD or Mantoux test) is used to see if your child has been infected with TB germs. No vaccine is recommended for use in the United States to prevent tuberculosis. The skin test is not a vaccination against TB.

We need your help to find out if your child has been exposed to tuberculosis.

Place a mark in the appropriate box:	Yes	No	Don't Know
TB can cause fever of long duration, unexplained weight loss, a bad cough (lasting over two weeks), or coughing up blood. As far as you know: has your child been around anyone with any of these symptoms or problems? or has your child had any of these symptoms or problems? or has your child been around anyone sick with TB?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was your child born in Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has your child traveled in the past year to Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia for longer than 3 weeks?  If so, specify which country/countries?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To your knowledge, has your child spent time (longer than 3 weeks) with anyone who is/has been an intravenous (IV) drug user, HIV-infected, in jail or prison or recently came to the United States from another country?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Has your child been tested for TB?  Yes (if yes, specify date \_\_\_\_\_)  No

Has your child ever had a positive TB skin test?  Yes (if yes, specify date \_\_\_\_\_)  No

**For school/healthcare provider use only**

\*\*\*\*\*

PPD administered Yes \_\_\_ No \_\_\_

If yes,

Date administered \_\_\_/\_\_\_/\_\_\_ Date read \_\_\_/\_\_\_/\_\_\_ Result of PPD test \_\_\_ mm response

Type of service provider (i.e. school, Health Steps, other clinics) \_\_\_\_\_

PPD provider \_\_\_\_\_

signature

printed name

Provider phone number \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

If positive, referral to healthcare provider Yes \_\_\_ No \_\_\_

If yes, name of provider \_\_\_\_\_

EF12-11494 TB Questionnaire for Children (Rev. 08/04)

**RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF  
RISK AND AGREEMENT TO PAY CLAIMS**

**Date(s) and Time(s):** FROM ENROLLMENT TO WITHDRAWAL AT KAPS

**Activity Location(s):** 515 FM 2325, WIMBERLEY, TX 78676, OR OFF CAMPUS SCHOOL SPONSORED EVENTS

In consideration for being allowed to participate in any Activity, on behalf of myself and my next of kin, heirs and representatives, I release from all liability and promise not to sue **KATHERINE ANNE PORTER SCHOOL** and their employees, officers, directors, volunteers and agents (collectively "KAPS") from any and all claims, including claims of the school's negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss my student I may suffer because of my participation in any Activity, including travel to, from, and during any Activity. I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in any Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in any Activity, including travel to, from and during any Activity. I agree to hold KAPS harmless from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in any Activity, including travel to, from and during any Activity. If KAPS incurs any of these types of expenses, I agree to reimburse the KAPS. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance. If my parent or guardian has not signed this Release, I certify that I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the school from all liability, (b) promising not to sue the school, (c) and assuming all risks of participating in any Activity, including travel to, from and during any Activity. I understand that this document is written to be as broad and inclusive as legally permitted by the State of Texas. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

**I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me. I have been given the opportunity to consult with an attorney of my choice before signing this document.**

Participant Signature: \_\_\_\_\_

Participant Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

**If Participant is under 18 years of age:**

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing KAPS from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in any Activity, including travel to, from and during any Activity. I allow Participant to participate in any Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

**I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me. I have been given the opportunity to consult with an attorney of my choice before signing this document.**

\_\_\_\_\_  
Minor Participant's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Minor Participant's Parent/Guardian (print)

\_\_\_\_\_  
Signature of Minor Participant's Parent/Guardian

## At Risk Student Assessment

This information will be kept in your confidential school records and does not affect your continued enrollment at KAPS. Your responses help us provide you with the appropriate resources and aid the school's acquisition of funding.

- I did not advance from one grade level to the next for 1 or more school years.
- I did not receive credit for a semester or an entire year in 2 or more classes.
- I did not pass the STAAR or End of Course exam.
- I am pregnant or a parent.
- I was placed in an Alternative Education Program (AEP) or Juvenile Justice (JJAEP) during the last or current school year.
- I am currently on parole, probation, deferred prosecution, or conditional release.
- I have been expelled during the last or current school year.
- I have previously dropped out of high school.
- I am a student of limited English proficiency.
- I am in the custody or care of the Dept. of Family Protective Services or have been referred to DFPS.
- I am homeless or lack a fixed and regular nighttime residence.
- I have lived in a residential placement facility, including detention facility, substance abuse treatment facility, emergency shelter, psychiatric hospital, half-way house, or foster home in the last or current school year.
- I receive free or reduced lunch

Thank you for your time and honest responses!



## FIELD TRIP PERMISSION

**Student Name:** \_\_\_\_\_

I, the parent or legal guardian of the student named above, do hereby give my permission for any Katherine Anne Porter School employees to take my student on field trips.

I do hereby hold KAPS harmless for any claims that might arise out of any incident while transporting students of KAPS on field trips in KAPS vehicles.

I understand that participation is purely voluntary, and I assume the risk of any injury resulting from or connected to such participation in the trip. Any such injury will not be the responsibility of Katherine Anne Porter School. I hereby agree to indemnify, defend and hold harmless Katherine Anne Porter School and/or its trustees, officers, employees and agents against any and all liabilities, losses, damages, claims, actions, or expenses, including reasonable attorney's fees arising out of any and all claims, demands, causes of action and suits of whatever nature, in law or equity, that arise out of or are connected with, or are based in whole or in part on any conduct, fact, matter, act or omission that relates to or is otherwise connected with transportation to, from, or during the activity described above.

I also understand that alcohol, tobacco, illegal substances, and weapons are not allowed on any KAPS trip.

In the event that a student plans on using her/his vehicle for school functions, the student must provide a copy of her/his insurance card and a copy of her/his driver's license. If any other students are to ride with said individual, documented written consent from parents must be on file even if they are 18 or older.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



## **KAPS Title 1 School-Parent Compact**

Under the requirements of No Child Left Behind (NCLB 2012)/Elementary and Secondary Education Act (ESEA 2016), the Katherine Anne Porter School and the parents of the students participating in activities funded by Title 1, Part A, agree to the terms set forth in this school-parent compact. It is intended to outline how parents, the entire school staff, and students will share the responsibility for improved student academic achievement and the way in which the school and parents will build and develop a partnership to help children achieve the State’s high standards.

### **As a school, we will:**

- Provide a high-quality effective learning environment that is safe and that enables the student to meet the State’s student academic achievement standards.
- Provide ongoing two-way communication between teachers and parents through parent-teacher-student conferences and frequent reports to parents via postal mail, email, phone calls, and other communication means.
- Provide reasonable access to staff through an “open door” policy.
- Provide opportunities for parents to volunteer and participate in school activities and school decision making processes.
- Provide a mutually respectful relationship between all parties (students, parents, teachers, and volunteers).

### **As a parent, I will:**

- Support my child’s learning by ensuring that he/she has proper rest and nutrition and attends school on time and on a regular basis.
- Participate in decisions relating to the education of my child through a mutually respectful relationship with school staff.
- Provide “protected” time for homework completion (Make sure that recreational activities don’t interfere with school work.)
- Support my child’s class/school. (i.e. helping in class/school, volunteering in school activities and/or committees and organizations, communicating with my child’s teachers, attending school events when possible, etc.)
- Stay informed about my child’s education and school responsibilities by monitoring my child’s grades and attendance through my parent portal access, and being proactive in resolving issues.
- Promote positive use of my child’s extracurricular time.

### **As a student, I will:**

- Proudly follow the behavioral expectations and other topics communicated through the student handbook.
- Be a good steward of the school and act as a positive KAPS ambassador to the community.
- Expect respect from everyone and give respect to everyone in all circumstances.
- Hold myself accountable for making good choices academically, socially, and otherwise.
- Be the very best “Dragon” that I can be each and every day.

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

Date: \_\_\_\_\_

Student’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# SPECIAL SERVICES INFORMATION

**We are requesting the following information from you in order to best meet the needs of your child. Thank you for your assistance.**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Has your child ever been retained in a grade level?  Yes  No If yes, what grade level?

No, my child has not received any special services at his/her former school.

Yes, my child has received special services at his/her former school. Please check the following services received:

### SPECIAL EDUCATION (ARD/IEP)

### SECTION 504

- Resource
- Speech Therapy
- Structured Behavior
- Related Service (i.e. OT, PT)
- Inclusion Class
- Early Childhood
- Special Education Home Room
- Other Health Impaired

Please specify:

- Modifications provided in the classroom
- Support program in addition to classroom modifications

Please specify:

- TAKS/STAAR Modifications

Please specify:

### OTHER

- TAKS/STAAR Tutorials
- Gifted and Talented
- Title 1
- Content Mastery (CMC)
- Multi-Sensory
- ESL/Bilingual
- Reading Assistance (i.e. Reading Recovery)

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If you checked any of the above services, a member of the school staff will contact you to initiate services at KAPS.



## REQUEST FOR RECORDS

I give permission to the Katherine Anne Porter School administration to request school records, including, but not limited to:

**Academic Transcript**

**504 Records**

**Immunization Records**

**SPED Records and Evaluations**

**Attendance Records**

**Discipline Records**

\_\_\_\_\_  
**Student Name:**

\_\_\_\_\_  
**Parent/Guardian Name:**

\_\_\_\_\_  
**Parent Signature:**

\_\_\_\_\_  
**Date:**

**\*This document will be valid for as long as the student is registered at Katherine Anne Porter School.**



**Step 1**  
 Definition of **Household Member**: Anyone who is living with you and shares income and expenses, even if not related. Please read the instructions for more information. Please read the instructions for more information.  
 Children in **Foster** care; children who meet the definition of **Homeless**, **Migrant**, or **Runaway** or who participate in **Head Start** are eligible for free meals.

List ALL Household Members who are infants, children, and students up to and including grade 12. If more spaces are needed, use the Additional Household Member Sheet on the back.

List each child's name.	Optional: Student ID Number	Student Attends		Check all that apply.				
		Yes	No	Foster	Head Start	Homeless	Migrant	Runaway
1. First Name MI Last Name		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If every child listed in Step 1 is a participant in one of the programs listed above, skip Steps 2 and 3 and go to Step 4.

**Step 2**  
 Please read the instructions for more information.

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

If No, go to Step 3  
 If yes> Write the Eligibility Determination Group Number (EDG) in this space \_\_\_\_\_, skip Step 3, and go to Step 4.

**Step 3**  
 Please read the instructions for more information.

Report Income for ALL Household Members (Skip this step if you entered an EDG number in Step 2).

A. Income for Children in the Household

Record total income by frequency for all children listed in Step 1.	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
\$	\$	\$	\$	\$	\$

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 income (without deductions) for each source in whole dollars only. Indicate the frequency of income: 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.

Adult's First/Last Name	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/ Child Support/Alimony	Frequency (Circle One)	Pensions/Retirement/ Social Security/ Supplemental Security Income (Enter)	Frequency (Circle One)	All Other (Enter Amount)	Frequency (Circle One)
1.	\$	W/E/T/M/A	\$	W/E/T/M/A	\$	W/E/T/M/A	\$	W/E/T/M/A
2.	\$	W/E/T/M/A	\$	W/E/T/M/A	\$	W/E/T/M/A	\$	W/E/T/M/A
3.	\$	W/E/T/M/A	\$	W/E/T/M/A	\$	W/E/T/M/A	\$	W/E/T/M/A
4.	\$	W/E/T/M/A	\$	W/E/T/M/A	\$	W/E/T/M/A	\$	W/E/T/M/A
5.	\$	W/E/T/M/A	\$	W/E/T/M/A	\$	W/E/T/M/A	\$	W/E/T/M/A

Total Household Members (Children & Adults) \_\_\_\_ Last Four Digits of Social Security Number (SSN) of Household Member Completing This Form: XXX-XX- \_\_\_\_ - \_\_\_\_ - \_\_\_\_  Check if no SSN

**Step 4**  
 Please read the instructions for more information.

Provide 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/Apt # City State Zip Daytime Phone and Email (Optional)

Printed Name of Adult Completing the Form Signature of Adult Completing the Form Today's Date

**Additional Household Member Space—2016-2017 Multi-Child Application for Free and Reduced-Price School Meals**

<b>Step 1, Additional</b>	List ALL Household Members who are infants, children, and students up to and including grade 12. <i>If more space is needed, use the Additional Household Member Sheet.</i>											
	List each child's name.					Optional: Student ID Number	Student Attends School in District? Yes No	Check all that apply.				
	First Name	MI	Last Name					Foster	Head Start	Homeless	Migrant	Runaway
	1.						<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.						<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.						<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4.						<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5.						<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Step 3, Additional</b>	Report Income for ALL Household Members (Skip this step if you answered Yes to Step 2).									
	Adult's First/Last Name	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/ Child Support/Alimony (Enter Amount)	Frequency (Circle One)	Pensions/Retirement/ Social Security/ Supplemental Security Income (Enter Amount)	Frequency (Circle One)	All Other (Enter Amount)	Frequency (Circle One)	
	1.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W/E/T/M/A	
	2.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W/E/T/M/A	
	3.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W/E/T/M/A	
	4.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W/E/T/M/A	
	5.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	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.

The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).  
 USDA is an equal opportunity provider and employer.

<b>Do Not Fill Out This Part. This Is For School Use Only</b>		
Multiple income frequencies must be converted to annual amounts and combined to determine household income. Do not convert if only one income frequency is provided by the household. If converting income to annual, round only the final number—Annual Income Conversion: Weekly x 52   Every 2 Weeks x 26   Twice a Month x 24   Monthly x 12		Date Received:
Household Size: _____	<input type="checkbox"/> Categorical Eligibility	Total Income: _____ Per <input type="checkbox"/> Week <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Reviewing/Determining Official's Signature:	Date:	Eligibility: <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied  Date Withdrawn:
Confirming Official's Signature:	Date:	
Follow-Up Official's Signature:	Date:	