

# Returning Student Printed Forms

Please note: This is only 4 of the forms required to register. Everything else MUST be completed online. If you have not finished the online portion, please go to [www.edgewood-isd.net](http://www.edgewood-isd.net) and click on the Back to School tab and follow the directions in the Registration section.

Thank you

Name of Student: \_\_\_\_\_

Grade: \_\_\_\_\_

# Edgewood Independent School District

## Transportation Information

Transportation Office number is 903-896-4332, option 8, extension 8159

Edgewood Elementary School 903-896-4332, option 3

Edgewood Middle School 903-896-4332, option 5

Edgewood Intermediate School 903-896-4332, option 4

Edgewood High School 903-896-4332, option 6

Please indicate below whether or not your child will ride the school bus.

\_\_\_\_ No, my child will not ride the school bus.

\_\_\_\_ Yes, my child will ride the school bus for school year 20\_\_\_\_-20\_\_\_\_

Current bus # \_\_\_\_\_

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

Current Physical Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Names of other siblings on this bus route:

Name: \_\_\_\_\_ Campus: \_\_\_\_\_

Name: \_\_\_\_\_ Campus: \_\_\_\_\_

Name: \_\_\_\_\_ Campus: \_\_\_\_\_

If you have specific questions, please contact the secretary at the appropriate campus or the Transportation Office.



**Edgewood Independent School District**  
804 East Pine, Edgewood, TX 75117 Main Phone Number: 903-896-4332

## CORPORAL PUNISHMENT FORM

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

Grade: \_\_\_\_\_

Corporal punishment may be used as a discipline technique in accordance with the Student Code of Conduct. Corporal punishment shall be limited to paddling the student and shall be administered only in accordance with the following guidelines:

1. The student shall be told the reason corporal punishment is being administered.
2. Corporal punishment shall be administered only by the principal, assistant principal or designee.
3. The instrument to be used in administering corporal punishment must be approved by the principal.
4. Corporal punishment shall be administered in the presence of one other district professional employee and in a designated area out of view of other students.
5. Students may choose corporal punishment in lieu of detention with parental permission. There may be some instances in which students will **not** be allowed to choose corporal punishment and that will be at the discretion of the administrator.

\_\_\_\_\_ My child is allowed to receive corporal punishment.

\_\_\_\_\_ My child is allowed to receive corporal punishment but I want to be notified by phone beforehand.  
Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ My child IS NOT allowed to receive corporal punishment

Parent signature: \_\_\_\_\_

Student signature: \_\_\_\_\_

Student name printed: \_\_\_\_\_

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

## **Acknowledgment of District Policies**

### **Electronic Distribution or Paper Copy (Parental Choice)**

Listed below are essential EISD Policies. These policies may be found online at [www.edgewood-isd.net](http://www.edgewood-isd.net) under Parents & Students, Policies and Procedures. Please note below how you would like to receive the policy information:

- ☐ Receive paper copies of the below policies
- ☐ Accept responsibility for accessing the policies online

#### **EISD Student Handbook and Student Code of Conduct**

Parents, please initial the box below to acknowledge accountability for the Handbook and Student Code of Conduct.

☐ We understand that the handbook contains information that we will need during the school year and that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the Student Code of Conduct. If there are questions regarding the Student Handbook or the Student Code of Conduct, we should direct those questions to the appropriate campus office.

#### **EISD Electronic Devices and Technology Resources Agreement**

Parent, please initial the appropriate box below to acknowledge accountability for the EISD Electronic Devices and Technology Resources Agreement. This policy is only for students 6-12.

☐ We understand and agree to adhere to the policy in regards to Electronic Devices and Technology Resources. We understand that violations of this agreement will result in confiscation of the electronic devices; items will be turned in to the appropriate Principal's office. Any revocation of technology use privilege and disciplinary action and/or fine will follow the Student Handbook and Student Code of Conduct.

☐ My child is a PK-5 student and I understand he/she is not allowed to have an electronic device on campus.

#### **EISD Student Acceptable Use Policy**

Parents, please initial the box below to acknowledge accountability for the EISD Student Acceptable Use Policy.

☐ We understand that all students will be using hardware and software in his/her curriculum. We acknowledge this policy explains accountability for the proper use of these resources and discipline actions taken if violated.

#### **EISD Drug Testing Policy**

Parents, please initial the appropriate box below to acknowledge accountability for the EISD Drug Testing Policy. *Please note that extracurricular activities include: Business Professionals of America, Cheerleaders & Mascot, Color Guard, FCCLA, FFA, HOSA, Class Officers, National Honor Society, Student Council, Speech and Debate, Theater Arts, UIL Activities (athletics, academic competitions, band, choir, and art), Yearbook*

☐ We do not consent to the EISD Drug Testing Policy because it does not apply to my student because 1) he/she is a PK-6 student or 2) a 7-12 student not involved in extracurricular activities or 3) will not be parking on campus.

☐ We consent to the EISD Drug Testing Policy because it applies to my student because 1) he/she is a 7-12 student involved in extracurricular activities or 2) will be parking on campus or 3) because we are opting to have him/her placed in the testing pool.

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

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

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

## EDGEWOOD ISD

Dear Parent/Guardian:

Children need healthy meals to learn. Edgewood ISD offers healthy meals every school day. Breakfast costs \$1.75; lunch costs K-5 - \$2.50, 6<sup>TH</sup> -8<sup>TH</sup> - \$2.75, 9<sup>TH</sup> -12<sup>TH</sup> - \$3.00 . Your children may qualify for free meals or for reduced-price meals. Reduced-price is .30 for breakfast and .40 for lunch. If you received a notification letter that a child is directly certified for free or reduced-price meals, do not complete an application. Let the school know if any children in the household attending school are not listed in the letter.

The questions and answers that follow and attached directions provide additional information on how to complete the application. Complete only one application for all the students in the household and return the completed application to Peggy Gammons Food Service Director, Elementary Cafeteria @ 903-896-4332 Ext 8029. If you have questions about applying for free or reduced-price meals, contact Peggy Gammons 903-896-4332 Ext 8029 or [pgammons@edgewood-isd.net](mailto:pgammons@edgewood-isd.net).

### 1. Who Can Get Free Meals?

- **Income**—Children can get free or reduced-price meals if a household's gross income is within the limits described in the *Federal Income Eligibility Guidelines*.
- **Special Assistance Program Participants**—Children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program for Households on Indian Reservations (FDPPIR), or Temporary Assistance for Needy Families (TANF), are eligible for free meals.
- **Foster**—Foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals.
- **Head Start or Early Head Start**—Children participating in these programs are eligible for free meals.
- **Homeless, Runaway, and Migrant**—Children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told about a child's status as homeless, runaway, or migrant or you feel a child may qualify for one of these programs, please call or email Becky Goodwin 903-4332.
- **WIC Recipient**—Children in households participating in WIC may be eligible for free or reduced-price meals.

2. **What If I Disagree with the School's Decision About My Application?** Talk to school officials. You also may ask for a hearing by calling or writing to Superintendent Kristin Prater 804 E Pine Edgewood Texas 75117.

3. **My Child's Application Was Approved Last Year. Do I Need to Fill Out A New One?** Yes. An application is only good for that school year and for the first few days of this school year. Send in a new application unless the school has told you that your child is eligible for the new school year.

4. **If I Don't Qualify Now, May I Apply Later?** Yes. Apply at any time during the school year. A child with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.

5. **What If My Income Is Not Always the Same?** List the amount normally received. If a household member lost a job or had hours/wages reduced, use current income.

6. **We Are in The Military. Do We Report Our Income Differently?** Basic pay and cash bonuses must be reported as income. Any cash value allowances for off-base housing, food, or clothing, or Family Subsistence Supplemental Allowance payments count as income. If housing is part of the Military Housing Privatization Initiative, do not include the housing allowance as income. Any additional combat pay resulting from deployment is excluded from income.

7. **May I Apply If Someone in My Household Is Not a U.S. Citizen?** Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.

8. **Will Application Information Be Checked?** Yes. We may also ask you to send written proof of the reported household income.

9. **My Family Needs More Help. Are There Other Programs We Might Apply For?** To find out how to apply for other assistance benefits, contact your local assistance office or 2-1-1.

If you have other questions or need help, call Peggy Gammons 903-896-4332 Ext 8029. si necesita ayuda, por favor llame al teléfono: Peggy Gammons 903-896-4332 Ext 8029 .

Sincerely,

Peggy Gammons

## Directions for Applying for Free and Reduced-Price School Meals 2020-2021

Please use these instructions to complete the free or reduced-price school meals application. Submit one application per household, even if the children in the household attend more than one school in Edgewood ISD. Please use a **pen** (not a pencil) when completing the application. The application must be filled out completely in order for the school to make a determination if the children in your household qualify for free or reduced-price school meals. **An incomplete application cannot be approved.** Please contact Peggy Gammons, 903-896-4332 ext 8029 or pgammons@edgewood-isd.net with your questions.

### Step 1: List All Household Members Who Are Infants, Children, And Students Up to and Including Grade 12.

- List each child's name.

Print first name, middle initial, and last name for each child in the household in the spaces. If there are more children than lines, use the back of the application to record additional names.

Include all household members who are age 18 or under and are supported with the household's income including children who are not enrolled in the district. Children do NOT have to be related to anyone in the household to be a part of the household.

- Mark the box following the child's name to show if the child is a student in the Edgewood ISD.
- Record the child's grade if the child is in school.
- Check the appropriate box if a child qualifies for free meals as participant in the foster care system, Head Start (including Early Head Start) or if a child meets the criteria for homeless, migrant, or runaway.

Checking Foster indicates that a foster care agency or court has placed the child in your home. If the application is being submitted for foster children only, complete Step 1, skip Step 2, and complete Step 3.

### Participation in a Categorical Program

If all children in the household are participants in one of the following programs—*Foster, Head Start, Homeless, Migrant, or Runaway*, skip Step 2 and complete Step 3.

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

If a child or adult in the household participates in Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance to Needed Families (TANF), record the Eligibility Determination Group (EDG) number in the space.

If a child or adult in the household is a participant in Food Distribution Program for Households on Indian Reservations (FDPIR), check the box to indicate participation. The EISD will contact you to obtain documentation of FDPIR participation.

If the students in the household are eligible based on SNAP, TANF, or FDPIR, skip Step 2 and complete Step 3.

### Step 2: Report Income for All Household Members.

#### Part A. Last Four Digits of Social Security Number (SSN) of an Adult Household Member

- Provide the last four digits of the Social Security number (SSN) of an adult in the household or check the box for no SSN.

A social security number is not required to apply for these programs.

#### Part B. Income for All Adult Household Members (Including Yourself, But Not Children)

- Record the first and last name of each adult in the household in the space provided.

If there are more adults in the household than available spaces, use the back of the application. Children's income is reported in Part C.

Include all adults living in the household that share income and expenses, even if the adult is not related to anyone in the household and does not receive any income. Do not include adults that are not supported by the household's income and do not contribute income to the household.

- Record the amount of income the adult receives under the type of income: Working Earnings; Public Assistance/Child Support/Alimony; Pensions/Retirement/Social Security/Supplemental Security Income (SSI); and All Other.

Report all amounts in gross income only and in whole dollars. Gross income is the total income received before taxes or deductions. Ensure that the income reported has not been reduced by the amounts deducted for taxes, insurance premiums, or any other purpose. The Adult Income Information Box provides additional information on the types of income that need to be reported. Foster children may be included as a member of the household or may be included on a separate application.

Reduced-Price Meal Income Eligibility Guidelines					
Family Size	Annually	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$23,606	\$1,968	\$984	\$908	\$454
2	\$31,894	\$2,658	\$1,329	\$1,227	\$614
3	\$40,182	\$3,349	\$1,675	\$1,546	\$773
4	\$48,470	\$4,040	\$2,020	\$1,865	\$933
5	\$56,758	\$4,730	\$2,365	\$2,183	\$1,092
6	\$65,046	\$5,421	\$2,711	\$2,502	\$1,251
7	\$73,334	\$6,112	\$3,056	\$2,821	\$1,411
8	\$81,622	\$6,802	\$3,401	\$3,140	\$1,570
For each additional family member add:					
	+\$8,288	+\$691	+\$346	+\$319	+\$160

Write a 0 in any field where there is no income to report. If you write 0 or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that the household income was reported incorrectly, the application will be verified for cause.

- **Circle** how often each type of income is received (frequency).
  - W = Weekly
  - E = Every 2 Weeks
  - T = Twice per Month
  - M = Monthly
  - A = Annually

**Part C. Income for Children in the Household**

- **Record** total income for each child in the household who receives regular income by how often income is received (frequency).

**Record adult income in Part B.**

Record the income of each child who receives regular income under the frequency indicating how often the income is received.

The Child Income Information Box (on the right) provides additional information on the types of income that needs to be reported for children in the household.

**Part D. Total Household Members**

- **Record** the total number of children and adults in the household in the appropriate box.

This number **MUST** be equal to the number of household members listed in Step 1 and Step 2. It is very important to list all household members as the size of the household determines the household eligibility.

**Step 3: Provide Contact Information and Adult Signature.**

- **Read** the certification statement.
- **Write** your current address and contact information in the space provided. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

If you have no permanent address, this does not make your children ineligible for free or reduced-price school meals.

- **Print** the name of the adult signing the form, **sign** the form, and **record** today's date in the appropriate spaces.

All applications must be signed by an adult household member. By signing the application, the household member is promising that all information has been truthfully and completely reported. Before completing this section, please read the privacy and civil rights statements on the back of the application.

**Step 4: Return the Application.**

- **Return** the application to Peggy Gammons, Elementary Cafeteria or your child's school.

**Adult Income Information Box**

**Earnings from Work**

**General Types of Income**

- Salary, wages, cash bonuses
- Strike benefits

**U.S. Military**

- Allowances for off-base housing, food, and clothing
- Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)

**Self-Employed Worker**

- Net income from self-employment (farm or business)—calculated by subtracting the total operating expenses of the business from its gross receipts or revenue.

**Public Assistance/ Child Support/Alimony**

(Do not report the value of any cash value public assistance benefits NOT listed on the chart.)

- Alimony payments
- Cash assistance from State or local government
- Child support payments from court-ordered child support or alimony decree should be reported here. Informal but regular payments should be reported as *other* income in the next part.
- Unemployment benefits
- Worker's compensation

**Pensions/Retirement/ Supplemental Security Income (SSI)**

- Annuities
- Income from trusts or estates
- Private Pensions or disability
- Social Security (including railroad retirement and black lung benefits)
- Supplemental Security Income (SSI)
- Veteran's benefits

**All Other Income**

- Earned interest
- Investment income
- Regular cash payments from outside household
- Rental income

**Child's Income Information**

**Earnings from Work**

For Example: A child has a job where she or he earns a salary or wages.

**Social Security, Disability Payments**

For Example: A child is blind or disabled and receives Social Security benefits.

**Social Security, Survivor's Benefits**

For Example: A parent is disabled, retired, or deceased, and their child receives social security benefits.

**Income from any other source**

For Example: A child receives income from a private pension fund, annuity, or trust

# Edgewood ISD, 2020-2021 Standard (Multi-Child) Application for Free and Reduced-Price School Meals

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

This Box for School Use Only.  
Date Withdrawn:

**Step 1:** Definition of Household Member: *anyone who is living with you and shares income and expenses, even if not related.* 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. Please read the directions for more information.

**A. List ALL Household Members Who Are Infants, Children, and Students up to and Including Grade 12.** If more spaces are needed, use the Additional Names section on the back.

List each child's name.

Optional:  
Student ID Number

Check all that apply.

First Name	MI	Last Name	Student Attends School in District?	Yes	No	Grade	Number	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"/>

## B. Participation in a Categorical Program

• If every child listed in Step 1 is a participant any one of the following programs—Foster, Head Start, Homeless, Migrant, or Runaway, skip Step 2 and complete Step 3.

• SNAP, TANF, or FDIPIR: Do any Household Members (including you) currently participate in SNAP, TANF, and/or FDIPIR?

If No, complete Steps 2 and 3. If Yes to SNAP/TANF > Write the Eligibility Determination Group (EDG) number in this space \_\_\_\_\_, skip Step 2, and complete Step 3.

If Yes to FDIPIR, check this box ☐ skip Step 2, and complete Step 3.

**Step 2:** Please read the directions for more information for the following questions.

**Report Income for ALL Household Members** (Skip this step if you entered an EDG number or checked the box to indicate participation in FDIPIR in Step 1).

**A. Last Four Digits of Social Security Number (SSN) of an Adult Household Member:** XXX-XX-\_\_\_\_ ☐ Check if no SSN

**B. Income for Adult Household Members** (Include Yourself, But Not Children. If more spaces are needed, use the Additional Names section on the back.)

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 (Do not include the income of children in this section. The income of children goes in 2C.)	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/ Child Support/ Alimony (Enter Amount)	Frequency (Circle One)	Security/Supplements 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

**C. Income for Children in the Household** (Do not include adult income. Do report any type of regular income for children in the household. If more spaces are needed, use the Additional Names section on the back.)

Record total income by frequency for each child who receives regular income listed in Step 1.

	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$

**D. Total Household Members** (Count all children & adults living in the household) \_\_\_\_\_

**Step 3:** Please read the directions for more information on signing this form.



Provide Contact Information and Adult Signature. Return this application to PEGGY GAMMONS, Food Service Director, Elementary Cafeteria 903-896-4332 Ext 8029 or return to your child's teacher.

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) \_\_\_\_\_ Today's Date \_\_\_\_\_

Printed Name of Adult Household Member Signing the Form \_\_\_\_\_ Signature of Adult Household Member Signing the Form \_\_\_\_\_

**Step 1: Additional Names**

A. 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.

First Name	MI	Last Name	Student Attends School in District?	Grade	Optional: Student ID Number	Foster	Head Start	Homeless	Migrant	Runaway
5.			Yes <input type="checkbox"/> No <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.			Yes <input type="checkbox"/> No <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.			Yes <input type="checkbox"/> No <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.			Yes <input type="checkbox"/> No <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.			Yes <input type="checkbox"/> No <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Step 2: Additional Names**

B. Income for Adult Household Members (Include Yourself, But Not Children)

Adult's First/Last Name (Do not include the income of children in this section. The income of children goes in 2D.)	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/ Child Support/ Alimony (Enter Amount)	Frequency (Circle One)	Pensions/Retirement/ Social Security/Supplemental Income (Enter Amount)	Frequency (Circle One)	All Other (Enter Amount)	Frequency (Circle One)
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
6.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A

C. Income for Children in the Household (Do not include adult income. Do report any type of regular income for children in the household)

Record total income by frequency for each child who receives regular income listed in Step 1.

	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA)-civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the *USDA Program Discrimination Complaint Form*, (AD-3027) found online at [http://www.aser.usda.gov/complaint\\_filing\\_cust.html](http://www.aser.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

Do Not Fill Out This Part. This Is For School Use Only.				
Income Determination: 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				
Household Size: _____	Total Income: _____			
Weekly <input type="checkbox"/>	Every 2 Weeks <input type="checkbox"/>	Twice a Month <input type="checkbox"/>	Monthly <input type="checkbox"/>	Annually <input type="checkbox"/>
Date Received: _____				
Categorical Determination: <input type="checkbox"/>				
Eligibility: Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/>				
Reviewing/Determining Official's Signature/Date _____				
Confirming Official's Signature/Date _____				



# Lunch Money Simplified

**MY  
SCHOOL  
BUCKS**

Easily pay for school meals with MySchoolBucks



**Automatic  
Payments**



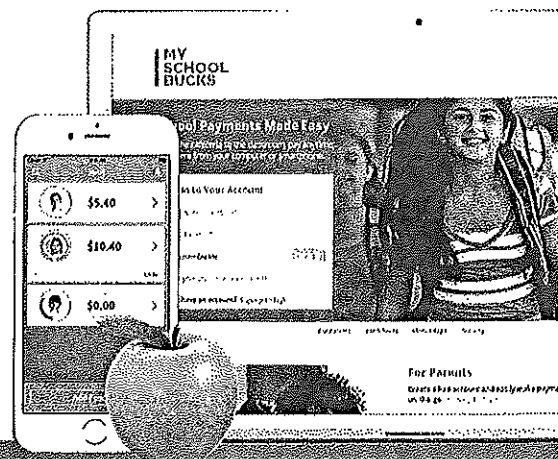
**Simple  
& Secure**



**Low Balance  
Alerts**

## Get Started:

- 1 Go to [myschoolbucks.com](https://myschoolbucks.com) or download the app
- 2 Create an account & add your students
- 3 Pay with your credit/debit card



[MySchoolBucks.com](https://myschoolbucks.com)

DOWNLOAD

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