



TEANECK PUBLIC SCHOOLS
PK REGISTRATION
479 Maitland Avenue
Teaneck, New Jersey 07666
www.teaneckschools.org



PRESCHOOL REGISTRATION FORM FOR 2023-2024

AVAILABLE FEBRUARY 13th - MARCH 31st

MANDATORY REGISTRATION / RESIDENCY REQUIREMENTS

Applications are available to download from our website at [www.teaneckschools.org/Residency & Registration/Grades Preschool \(PK3, PK4\)](http://www.teaneckschools.org/Residency%20&%20Registration/Grades%20Preschool%20(PK3,%20PK4)) or be picked up at the following two locations:

1. **Teaneck Early Learning Center** located at 479 Maitland Avenue. Office hours are Monday through Friday from 9:00 a.m. – 3:30 p.m.
2. **Teaneck Board of Education Central Registration Office** located at 651 Teaneck Road. Office hours are Monday through Friday from 9:00 a.m. – 3:30 p.m.

If you have any questions regarding residency, registration requirements, or application, please contact Ms. Yamile Fernandez at (201) 347-3486 or via email at prekregistration@teaneckschools.org.

All applications must be returned with the following:

(All documents must be officially translated in English)

- A. **Completed Application**
- B. **Original Birth Certificate** (Passport can be used to establish official date of birth if birth certificate is not available).
- C. **Record of Immunization.** New Jersey State Law prohibits students from entering school without a Record of Immunization. The documentation must have the student's legal name.
- D. **Physical Form**
- E. **Proof of Residency** – See next page for list of acceptable proof of residency.
- F. **Custodial documents**
- G. **Free and Reduced lunch application**

PLEASE NOTE: Completion of this form **does not** guarantee your child will be placed in our Preschool Program.



TEANECK PUBLIC SCHOOLS
PK REGISTRATION
479 Maitland Avenue
Teaneck, New Jersey 07666
www.teaneckschools.org



ONLY COMPLETE APPLICATIONS WITH ALL REQUIREMENTS SUBMITTED WILL BE ACCEPTED

Completed applications should be dropped off by appointment only at the Teaneck Early Learning Center located at 479 Maitland Avenue or emailed ONLY to PREKREGISTRATION@TEANECKSCHOOLS.ORG. To make an appointment, please contact Ms. Yamile Fernandez at (201) 347-3486.

ACCEPTABLE PROOF OF RESIDENCY

OPTION 1: IF YOU OWN A HOME

1. Please provide a copy of your current property tax bill, tax assessment card or a copy of your deed.

AND

2. Most recent utility bill (i.e. PSE&G, water company, cable, telephone bill).

OPTION 2: IF YOU LEASE

1. Please provide a current copy of your lease and it must include the name of the parent/guardian.

AND

2. Most recent utility bill (i.e. PSE&G, water company, cable, telephone bill).

OPTION 3: IF YOU RENT AND DO NOT HAVE A LEASE

1. You must have the owner/landlord of the property complete an ***Affidavit of Landlord*** form. The owner of the property ***must sign the form and have it notarized.***

AND

2. The owner must provide a copy of the current property tax bill, tax assessment card or a copy of the deed.

AND

3. Copy of your (Parent/Guardian) most recent utility bill (i.e. PSE&G, water company, cable, telephone bill).

OPTION 4: IF IT IS A PRIVATE HOME AND YOU DO NOT PAY RENT

1. You must have the owner/landlord of the property complete an ***Affidavit of Landlord*** form. The owner of the property ***must sign the form and have it notarized.*** You do not need to disclose any rent amount on the form.

AND

2. The owner must provide a copy of their current property tax bill, tax assessment card or a copy of the deed.

AND

3. The parent/guardian must provide a copy of a current utility bill (i.e. PSE&G, water company, cable, telephone bill) or any bill that shows the Teaneck address.



TEANECK PUBLIC SCHOOLS
PK REGISTRATION
479 Maitland Avenue
Teaneck, New Jersey 07666
www.teaneckschools.org



ETHNICITY AND RACE COLLECTION

In accordance with required Federal Standards [See *1997 Standards, 62 FR 58789 (October 30, 1997)*], educational institutions are required to collect racial and ethnic data in the following manner:

ETHNICITY

Hispanic/Latino? (Yes or No)

Hispanic or Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. The term “Spanish origin” can be used in addition to “Hispanic/Latino or Latino.”

RACE

Please select one or more races from the following five racial groups:

- (1) **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.
- (2) **Asian.** A person having origins in any of the original peoples of the Far East, South East Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine islands, Thailand, and Vietnam.
- (3) **Black or African American.** A person having origins in any of the Black racial groups of Africa.
- (4) **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- (5) **White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.



TEANECK PUBLIC SCHOOLS
PK REGISTRATION
 479 Maitland Avenue
 Teaneck, New Jersey 07666
 www.teaneckschools.org



PRESCHOOL REGISTRATION FORM FOR SCHOOL YEAR 2023-2024

TOP PORTION TO BE COMPLETED BY TEANECK PUBLIC SCHOOL PERSONNEL

SKYWARD ID:	Has the student ever been enrolled in the Teaneck School system? Yes <input type="checkbox"/> No <input type="checkbox"/>	Supt Approval <input type="checkbox"/>
REGISTRATION DATE:	Has the student ever been enrolled in a New Jersey school system? <input type="checkbox"/> Yes <input type="checkbox"/> No	HL <input type="checkbox"/>
REGISTRAR:	SE PK: <input type="checkbox"/>	Disp Storm <input type="checkbox"/>
ENTRY CODE:	IEP: <input type="checkbox"/>	Non Eng <input type="checkbox"/>
GRID CODE (ELEM/MS):		504 <input type="checkbox"/>
	Evaluation requested:	
	Evaluation requested:	

↓ BOTTOM PORTION OF PACKET TO BE COMPLETED BY PARENT/GUARDIAN STUDENT INFORMATION ↓

Child must be 3 or 4 years old on or before October 1, 2023 to be eligible for the preschool program.

PLEASE NOTE: COMPLETION OF THIS FORM DOES NOT GUARANTEE YOUR CHILD PLACEMENT IN OUR PRESCHOOL PROGRAM.

MUST BE SUBMITTED NO LATER THAN MARCH 31, 2023

STUDENT FIRST NAME (As on birth certificate)	STUDENT LAST NAME	MIDDLE NAME	GENDER M F	GRADE SCHOOL YEAR 23-24
STUDENT'S HOME ADDRESS		CITY	STATE	ZIPCODE
STUDENT'S MAILING ADDRESS (if different from home address)		CITY	STATE	ZIPCODE
NAME OF PARENT(S)/GUARDIAN		PRIMARY/HOME NUMBER (preferred contact number for school notifications)		
PERSON ENROLLING STUDENT		TELEPHONE NUMBER	RELATIONSHIP TO STUDENT	
<i>In accordance with required Federal Standards [See 1997 Standards, 62 FR 58789 (October 30, 1997)], educational institutions are required to collect racial and ethnic data in the following manner:</i>				
Ethnicity (must check one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic				
Race (must check one) <input type="checkbox"/> White <input type="checkbox"/> Black/African Amer <input type="checkbox"/> Amer Indian/Alaskan Nat <input type="checkbox"/> Asian				
<input type="checkbox"/> Native Hawaiian/Pacific Islander				
BIRTHDATE	AGE	CITY OF BIRTH	STATE OF BIRTH	**COUNTRY OF BIRTH**
**First Entry Date into a U.S. School: (if student is born outside of the U.S.)	Language Spoken by Child?	Native Language Spoken by Child?	Home Language?	Did student attend an ESL class in previous school?
Previous School/Daycare Center:				



TEANECK PUBLIC SCHOOLS
PK REGISTRATION
 479 Maitland Avenue
 Teaneck, New Jersey 07666
 www.teaneckschools.org



FAMILY 1 INFORMATION – PARENT/GUARDIAN LIVING IN THE SAME HOUSEHOLD

Parent/Guardian #1 - Relationship to Student: Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/>			
Last Name	First Name	Middle Name	Title
Home Address			
Primary/Home Telephone	Cell/Alt Phone	Email Address	
Employer	Work Telephone	Ext	
<input type="checkbox"/> Resides with Student <input type="checkbox"/> Allow Web Access			
Parent/Guardian #2 - Relationship to Student: Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/>			
Step-Parent <input type="checkbox"/> DCP&P <input type="checkbox"/>			
Last Name	First Name	Middle Name	Title
Home Address			
Primary/Home Telephone	Cell/Alt Phone	Email Address	
Employer	Work Telephone	Ext	
<input type="checkbox"/> Resides with Student <input type="checkbox"/> Allow Web Access			

FAMILY 2 INFORMATION – IF PARENT/GUARDIAN IS LIVING SEPARATELY

Parent/Guardian #1 - Relationship to Student: Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/>			
<input type="checkbox"/> DCP&P			
Last Name	First Name	Middle Name	Title
Mailing Address			
Primary/Home Telephone	Cell/Alt Phone	Email Address	
Employer	Work Telephone	Ext	
<input type="checkbox"/> Extra Mailings <input type="checkbox"/> Contact Not Allowed <input type="checkbox"/> Allow Web Access <input type="checkbox"/> Receive Hard Copy of Report Card <input type="checkbox"/> Receive email/phone notification			



TEANECK PUBLIC SCHOOLS
PK REGISTRATION
 479 Maitland Avenue
 Teaneck, New Jersey 07666
 www.teaneckschools.org



Please list any siblings currently attending PK at Teaneck Public Schools

Name of sibling	Grade	Age	Spec Ed	Attending School

Please list any siblings currently applying to the preschool program

Name of Sibling	Gender	Age	Grade applying to

EMERGENCY CONTACT INFORMATION

First Contact		
Name	Phone	Relationship
Second Contact		
Name	Phone	Relationship
Third Contact		
Name	Phone	Relationship

I certify that the information provided in this registration is accurate and truthful to the best of my knowledge. I understand that it is my responsibility to inform my child's preschool program if I move, or if I have any other changes in circumstances that could affect my child's enrollment or placement. I understand that by participating in the preschool program, my child's learning and development will be assessed and monitored to support further growth.

Signature of Parent/Guardian X _____ Date _____

COMPLETION OF THIS FORM DOES NOT GUARANTEE YOUR CHILD PLACEMENT IN OUR PRESCHOOL PROGRAM.



TEANECK PUBLIC SCHOOLS
PK REGISTRATION
 479 Maitland Avenue
 Teaneck, New Jersey 07666
 www.teaneckschools.org



****PLEASE MAKE SURE TO-- ANSWER& INITIAL ALL QUESTIONS – ON THE LINE AFTER****

SPECIAL SERVICES:

Has your child ever been referred for a special education evaluation? Yes No _____

Has your child ever been evaluated by a special education child study team? Yes No _____

Has your child ever been classified for special education/related services or for speech services? Yes No _____

Do you have any reason to suspect that your child may have a learning, emotional or physical issue? Yes No _____

Student has an IEP (Individualized Education Program): Yes _____ No _____

Parent/Guardian provided copy of IEP: Yes No _____

Referred by Teaneck Case Manager: Yes No Teaneck Case Manager Name: _____

Referred to Special Services by Registrar: Yes No _____ If no, why? _____

SPECIAL SERVICES:

Student has an ISP (Individualized Service Plan): Yes _____ No _____

Parent/Guardian provided copy of ISP: Yes No _____

Referred by Teaneck Case Manager: Yes No Teaneck Case Manager Name: _____

Referred to Special Services by Registrar: Yes No _____

SPECIAL SERVICES:

Has your child ever had a 504 Accommodation Plan: Yes No _____

Student has a 504 Accommodation Plan: Yes _____ No _____

Parent/Guardian provided copy of 504 Accommodation Plan: Yes No _____

Referred by Teaneck Case Manager: Yes No Teaneck Case Manager Name: _____

Referred to Special Services by Registrar: Yes No _____

SPECIAL SERVICES

Early Intervention by NJ state: Yes No

Do you have a meeting with a case manager: Yes Date of meeting: _____ No ?

Referred by Teaneck Case Manager: Yes No Teaneck Case Manager Name: _____

Referred to Special Services by Registrar: Yes No

Parent/Guardian signature: **X** _____ Date: _____



TEANECK PUBLIC SCHOOLS
PK REGISTRATION
 479 Maitland Avenue
 Teaneck, New Jersey 07666
 www.teaneckschools.org



CERTIFICATE OF RESIDENCY

I, _____ hereby certify that the statements hereinafter set forth are true:
 (Name of parent/Legal guardian*)

I am the _____ of _____
 (Father, Mother, Legal Guardian*) (Student Name and Age)

_____ who
 is an applicant for admission to the Teaneck Public Schools?

This applicant/student resides with me and _____
 (List all individuals with whom you reside)

at _____ in the Township of Teaneck.
 (Residence address)

We have been in actual residence at this address since _____
 (Month / Day / Year)

Mark the forms of proof you are providing to demonstrate your physical address: Refer to Options 1-4 from page 2

- Copy of Tax Bill or Tax Assessment Card and utility bill
- Copy of Deed and utility bill
- Copy of Current Lease Agreement and utility bill
- Affidavit of Landlord – see option 3 or 4
- Other (pending approval)

1. Does Parent/Guardian OWN or RENT home address: _____

2. If Mother/Father of applicant/student lives in a separate household:

Reason: Divorced Separated Other: _____

Address: _____

3. Is there a custodial court order or written agreement designating the district for school attendance?
 Circle YES or NO . **If yes, please submit a copy of the written agreement to this form at the time of registration.**

4. Does the student reside with one parent for the entire year? Circle YES or NO. If so, with which parent at what address: _____

5. If the student does not reside with one parent for the entire year, explain the portion of time the student resides with each parent and at what addresses.



TEANECK PUBLIC SCHOOLS
PK REGISTRATION
 479 Maitland Avenue
 Teaneck, New Jersey 07666
 www.teaneckschools.org



FOR YOUR INFORMATION:

I have been advised that the Board of Education of the Township of Teaneck will not accept non-resident pupils and that the following are the only exceptions permitted to the established policy:

- A. Any students whose parents move out of Teaneck during a current school year may complete only the current school year provided that the proportionate tuition rate be paid in advance to the Board Secretary.
- B. Students whose parents have pending arrangements for establishing residence within the district may enroll and attend school during any particular month provided that the full tuition rate for that month is paid in advance to the Board Secretary.
- C. Should further time be involved in establishing residence, the parents may submit to the principal, affidavits in support of their declared plans or situation. If these are approved, the parents will be permitted to continue the attendance of their children by paying the next full monthly tuition rate in advance to the Board Secretary.
- D. Longer periods of attendance beyond two calendar months must be approved by the Board of Education.

The purpose of this certificate of residency is to secure admission of said application into the Public-School System of the Township of Teaneck as a resident student.

X _____
 (Parent/Legal Guardian* Signature)

_____ TBOE Attendance Officer Initials

Registration Conditional

*Guardianship papers must be produced for examination.

Parent/Guardian: **X** _____

DISTRICT OFFICE USE ONLY

Physical verification of residency by TBOE Attendance Officer: _____

Date of verification: _____



TEANECK PUBLIC SCHOOLS
PK REGISTRATION
 479 Maitland Avenue
 Teaneck, New Jersey 07666
 www.teaneckschools.org



STUDENT NAME: _____ DOB: _____ AGE: _____ GRADE: _____ IEP: YES NO

PARENT/LEGAL GUARDIAN: _____ PHONE: _____

LAST PERMANENT PLACE OF RESIDENCY IN NJ:

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

Number of years/months at last permanent address: _____

Move in date: _____ Move out date: _____

LAST SCHOOL ATTENDED: _____ GRADE AT LAST SCHOOL: _____

LAST PERMANENT PLACE OF RESIDENCY OUT OF STATE:

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

Number of years/months at last permanent address: _____

Move in date: _____ Move out date: _____

LAST SCHOOL ATTENDED: _____ GRADE AT LAST SCHOOL: _____

STUDENT IS PRESENTLY: IN A SHELTER IN A MOTEL/HOTEL DOUBLED UP WITH FAMILY/FRIENDS KNOWN TO DCP&P
 OTHER _____

CURRENT PHYSICAL LOCATION OF STUDENT RESIDENCE: _____ AS OF _____

RESIDENCE STATEMENT: _____

Under penalty of perjury under the laws of this state, I declare that the information provided here is true and correct and of my own personal knowledge and that, if called upon to testify, I would be competent to do so. I also understand that I must notify the Teaneck Public School District of any changes as soon as they occur. I give my approval for this document to be shared with the District McKinney-Vento Liaison.

Parent/Guardian signature: X _____ Date X _____

Parent/Guardian print name: X _____

OSS: _____ Date _____

FOR OFFICE USE ONLY

ELIGIBLE UNDER MC KINNEY-VENTO YES NO

RESIDENCY: _____

DISTRICT OF RESPONSIBILITY: _____

NOTIFICATION SENT TO: SCHOOL PRINCIPAL BUSINESS ADMINISTRATOR DIRECTOR OF SPECIAL SERVICES McK-V COUNTY LIAISON



TEANECK PUBLIC SCHOOLS
PK REGISTRATION
479 Maitland Avenue
Teaneck, New Jersey 07666
www.teaneckschools.org



Home Language Survey Parent/Guardian Questionnaire

PLEASE PRINT

This home language survey is to be completed at the time of registration by **all** who are registering within the Teaneck School District. The information provided is used to determine if another language is spoken in the home. The questions should be completed by the primary caregiver (with translators available, if and when needed).

Child's name: _____ Date: _____
(first) (middle) (last)

Child's Date of Birth: _____

Person completing the survey: Mother Father Grandparent Guardian Other

Please tell us about your child:

1. What language did the child learn when he/she first began to talk? _____
2. What language does the family speak at home most of the time? _____
3. What language(s) does the primary caregiver (s) speak to the child most of the time? _____
4. What language(s) does the child speak to his/her primary caregiver (s) most of the time? _____
5. What language(s) does the child speak to his/her brothers and sisters most of the time? _____
6. What language does the child speak to his/her friends most of the time? _____
7. In which language do you wish to receive information from the school? _____
8. What name do you use for your child (if different from above)? _____

Sources:

Questions 1 – 8 are based on the *NJ DOE Home Language Survey* that was adapted from the sample survey in *A Manual for Community Representatives of the Title VI Steering Committee*, published 9/76 by the Institute for Cultural Pluralism, Lau General Assistance Center, San Diego University, San Diego, CA 92182



TEANECK PUBLIC SCHOOLS
PK REGISTRATION
 479 Maitland Avenue
 Teaneck, New Jersey 07666
 www.teaneckschools.org



Skyward Family Access is a web-based application that allows you to track information regarding your child's progress for the current year. You may access this program by connecting to our secured server to view assignments, attendance, report card grades, and other school information.

Skyward Family Access Parental Use and Responsibility Acknowledgement

I, _____
 (parent/guardian name)

Parent/Guardian of

(student name)

(school student will be attending)

acknowledge that I have requested and received authorization to use Skyward Family Access. I understand that I share in the responsibility of keeping safe the data of my child(ren). My responsibilities include reporting any security concerns to the school district, guarding my password, changing my password on a regular basis, and promptly logging off of my Skyward Family Access session when finished or before leaving my computer. I understand that the school district may without prior notification disable my accounts as part of the overall security procedures.

X _____
 Print Parent/Guardian Name

X _____
 Signature of Parent/Guardian Name

Date: _____

NAME OF PARENT/LEGAL GUARDIAN WHO ARE ALLOWED FAMILY ACCESS	Parent/Guardian initial receipt of login and password



TEANECK PUBLIC SCHOOLS
 PK REGISTRATION
 479 Maitland Avenue
 Teaneck, New Jersey 07666
 www.teaneckschools.org



AFFIDAVIT OF LANDLORD

STATE OF NEW JERSEY)
 SS:
 COUNTY OF BERGEN)

I _____ of full age, and being duly sworn upon his or her oath, according to law, deposes and says:

1. I am the owner of property located at _____, in the Township of Teaneck.

2. _____ is a tenant and has been a tenant at the above premises since _____ (month/day/year). A copy of this tenant's lease, if same is in written form, is attached hereto. In the event that tenant does not have a written lease, the pertinent terms of said lease are as follows:

A. Circle one of the following: Month to Month / Year to Year

B. Rental amount \$ _____ per _____

C. The names of permissible tenants are as follows:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

3. I am making this affidavit knowing that the Board of Education of the Township of Teaneck will rely on same in determining whether _____ will be considered a pupil who is entitled to an education free of charge.

I understand that if any of the statements made by me are willfully false that I am subject to punishment.

 (LANDLORD)

Sworn and subscribed before
 me this _____ day of _____

 (A Notary Public)



TEANECK PUBLIC SCHOOLS
PK REGISTRATION
 479 Maitland Avenue
 Teaneck, New Jersey 07666
 www.teaneckschools.org



Physical Examination

Student's name: _____ Age: _____ DOB: _____ Sex: _____
 Parent/Guardian name: _____ Address: _____
 Phone #: _____ School: _____ Grade: _____
 Health Care Provider: _____ Phone: _____ Fax: _____
 Address: _____ City/State/Zip: _____

PHYSICIAN / HEALTH CARE PROVIDER – PLEASE COMPLETE FORM

Exam Date: _____ Height: _____ Weight: _____ BP: _____ Pulse: _____
 Vision R 20/ _____ L 20/ _____ Corrected: Y N Glasses: Y N Hearing R _____ L _____

	Normal	Abnormal Findings	Comments
General Appearance			
Head/Neck			
Eye/Sclera/Pupils			
Ears:			
<i>Gross Hearing</i>			
Nose/Mouth/Throat			
Lymph Glands			
Heart:			
<i>Murmurs/Rhythms</i>			
Lungs:			
<i>Auscultation/Percussion</i>			
Chest Contour			
Skin			
Abdomen:			
<i>Assessment (inc. liver/spleen)</i>			
Tanner Stage:			
<i>Testes/Onset of Menses</i>			
Hernia			
Neck/Back/Spine:			
<i>Range of motion</i>			
Scoliosis			
Upper Extremities			
Lower Extremities			
Neurological:			
<i>Balance & Coordination</i>			
<i>Romberg</i>			
Evidence of Marfan Syndrome			

Most recent Immunizations / Dates: _____

Medications currently in use: _____

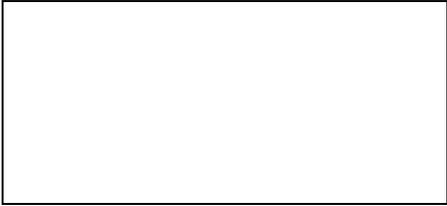


TEANECK PUBLIC SCHOOLS
PK REGISTRATION
 479 Maitland Avenue
 Teaneck, New Jersey 07666
 www.teaneckschools.org



TUBERCULOSIS TESTING:

Mantoux: Date planted: _____ Date read: _____ Result: _____
 Date planted: _____ Date read: _____ Result: _____
 Chest X-ray Date: _____ Result _____
 INH Therapy: Date started: _____ Dosage: _____ Duration of Tx: _____



Physician / HCP Signature

Date

Stamp

Application #: 2022-2023 Application for Free and Reduced Price School Meals

Available online at:

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

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

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

Children in **Foster care** and children who meet the definition of **Homeless, Migrant** or **Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

Child's First Name	MI	Child's Last Name [press spacebar to advance]	School Name (Abbr.)	Grade	Student attends this school district? Yes No	Foster Child	Migrant Worker, Homeless, Runaway
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? YES NO

If you answered **NO** > Complete STEP 3. If you answered **YES** > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

Write only one case number in this space.

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

Are you unsure what income to include here?

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

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

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

A. Child Income

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

Child income

How often? Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

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

Total Household Members (Children and Adults)

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

Check if no SSN

STEP 4 Contact information and adult signature. **Mail Completed Form To:**

"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."

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address (if available)	Apt #	City	State	Zip	Daytime Phone and Email (optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Printed name of adult signing the form	Signature of adult				Today's date

INSTRUCTIONS

Sources of Income

Sources of Income for Children	
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security - Disability Payments - Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

OPTIONAL

Children's Racial and Ethnic Identities

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

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

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a 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.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail civil rights complaints **only** to: U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410

fax: (202) 690-7442; or
 email: program.intake@usda.gov

This institution is an equal opportunity provider.

Do not fill out

For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income	How often?					Household Size	Categorical Eligibility <input type="checkbox"/>	Eligibility:		
	Weekly	Bi-Weekly	2x Month	Monthly	Annual			Free	Reduced	Denied
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Determining Official's Signature	Date		Confirming Official's Signature		Date		Verifying Official's Signature		Date	
<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	