



REGISTRATION PROCEDURES

Welcome to the Montrose Area School District!

In order to establish and verify your residence within the Montrose Area School District, a few documents need to be completed and approved. All procedures are in accordance with Sections 1301 and 1302 of the Pennsylvania School Code and Regulations 11.11 and 11.19 of the Pennsylvania State Board of Education. Sections 1301 and 1302 authorize Montrose Area School District to request proof of residence or guardianship **prior** to admission to our school programs.

The biological parent, adoptive parent, court appointed guardian, or a resident within the district may enroll a student into MASD. A district resident enrolling a student whose parent(s) do not live within the district, must complete a Sworn Statement by Resident Under 13-1302 form. The person enrolling the student must come in person to the registration office to sign the Residency Affidavit page. If unable to appear in person, the signature must be notarized.

Registration packets can be picked up in advance at any school office, can be mailed to you or can be downloaded from the district webpage at www.masd.info. To have a packet mailed to you, please call Mrs. JoAnne McCain at 570-278-6227.

Registration hours are 8:00 am to 3:00 pm Monday thru Friday excluding holidays and emergency closures. All registrations are conducted at the District Administration office located behind the high school at 273 Meteor Way, Montrose PA 18801. Please use this checklist to make sure you have all necessary documents for registration and bring the completed packet checklist at registration.

WHAT TO BRING WHEN YOU REGISTER YOUR CHILD

You will need to bring the following information with you in order to register your child:

- **Proof of Residency:** May be any of the following: a deed, a lease, current property tax bill, current utility bill, current credit card bill, valid vehicle registration, valid driver's license or State ID indicating an address within the Montrose Area School District.
- **Proof of Guardianship:** Legal custody agreement, if applicable, copy to be placed in the student's file.
- **Proof of Child's Age:** Original state issued birth certificate, valid passport, baptismal certificate, notarized or duly certified record of baptism, or a prior school record indicating date of birth.
- **Record of Immunizations:** State law requires that a complete record of immunizations be provided. You can get a copy of your child's health records from the school you are leaving. Shot records are also available from your doctor's office. Physicals are also required at certain grade levels.

It is necessary to have the name and address, including the city and state, of the previous school in order to obtain records.



MONTROSE AREA SCHOOL DISTRICT RESIDENCY AFFIDAVIT

Identifying Information – please print

This form is to be completed by the student’s parent or legal guardian and signed/witnessed by a school district employee. You must submit a separate Residency Affidavit for each child enrolled in the district.

Student Information:

Student Name _____
Legal Last Name Legal First Name Legal Middle Name

Date of Birth ____/____/____

Student Lives With: Print name(s) and CHECK RELATIONSHIP TO STUDENT:

Parent or Guardian Name _____
Legal Last Name Legal First Name Middle Initial

Relationship to Student ☐Mother ☐Father ☐Stepparent ☐Guardian ☐Foster Parent ☐Other _____

Parent or Guardian Name _____
Legal Last Name Legal First Name Middle Initial

Relationship to Student ☐Mother ☐Father ☐Stepparent ☐Guardian ☐Foster Parent ☐Other _____

PLEASE NOTE THAT POST OFFICE BOXES ARE NOT ACCEPTABLE AS A RESIDENCE ADDRESS BUT MAY BE USED AS A MAILING ADDRESS BELOW.

Physical Address _____
Street Address City State Zip Code

Mailing Address _____
Street Address City State Zip Code

Phone Number _____
Home Father/Guardian (Work) Mother/Guardian (Work)

Proof of Residency

_____ Deed or Lease _____ Current Property Tax Bill _____ Current Credit Card Bill
_____ Current Utility Bill _____ Valid Driver's License or State ID _____ Valid Automobile Registration

Parent/Guardian Signature _____ Date _____ Witness Signature _____ Date _____



Student Biographical Data

Student Name _____ Birthdate ____/____/____ Age ____
(Last) (First) (Middle) (mm) (dd) (yyyy)

Address(Physical) _____

Address (Mailing- If Different) _____

Gender ☐ M ☐ F Grade Entering _____ Proof of Age Documentation attached ☐ Y ☐ N

Name of Last School Attended _____

Has student ever attended school in PA? ☐ Y ☐ N Has student ever attended in this school district? ☐ Y ☐ N

Is there a Court Order involving this student? ☐ Y ☐ N If **YES**, please provide a copy to the school office, otherwise we are unable to abide by its contents.

For state and federal reporting requirements, use the following definitions (select one race code and one primary ethnicity):

Race Code: ☐ Asian/Pacific Islander; ☐ Black/African American; ☐ American Indian/Alaskan Native; ☐ Caucasian/White

Select Primary Ethnicity ☐ Hispanic; ☐ Non-Hispanic
(any race) (any race)

Resident Adult(s) with whom student resides Print name and Check relationship to student

First Adult in residence:

Parent/Guardian Name _____ Mr./Mrs./Ms./Dr. (**circle one**)
(Last) (First)

Relationship to student ☐ Father ☐ Mother ☐ Guardian ☐ Step Parent ☐ Other Please specify _____

Primary Phone Numbers: Home ____ - ____ - ____ Work ____ - ____ - ____ Cell ____ - ____ - ____

Email: _____ Primary email? Yes ___ No ___

Second Adult in residence:

Parent/Guardian Name _____ Mr./Mrs./Ms./Dr. (**circle one**)
(Last) (First)

Relationship to student ☐ Father ☐ Mother ☐ Guardian ☐ Step Parent ☐ Other Please specify _____

Primary Phone Numbers: Home ____ - ____ - ____ Work ____ - ____ - ____ Cell ____ - ____ - ____

Email: _____ Primary email? Yes ___ No ___



Second Parent Information - Parent that student does NOT reside with

Parent Name _____ **Mr./Mrs./Ms./Dr. (circle one)**
(Last) (First)

Relationship to student ☐ Father ☐ Mother

Is this parent to receive notices? ☐ Yes ☐ No Is this parent allow to pick student up? ☐ Yes ☐ No

Primary Phone Numbers: Home _____ - _____ - _____ Work _____ - _____ - _____ Cell _____ - _____ - _____

Mailing Address: _____

Email : _____

***Please Note:**

If there are custody arrangements please make sure to have a copy of the court order on file. The Montrose Area School district cannot withhold information regarding a student to a parent without a court order on file.

OFFICE USE ONLY

Student ID# _____ **Date Entered/Reentered** _____ **Homeroom** _____

PA Secure ID # _____

Proofs of Residency verified:

Verification by: _____

(List A)

☐ Lease ☐ Deed ☐ Current property tax bill

(List B)

☐ Valid PA DL/State ID card ☐ Valid PA auto registration ☐ Current utility bill ☐ Current Credit Card Bill

Institutionalized Child (1306) ☐ Y ☐ N If yes submitted 4605?: ☐ Y ☐ N

Foster Child (1305) ☐ Y ☐ N (If yes, attach 1305 – Affidavit)

1302 Child: ☐ Y ☐ N (if yes, attach 1302 affidavit)

Building Enrolled In:

☐ Montrose Area Jr/Sr High School ☐ Lathrop Street Elementary ☐ Choconut Valley Elementary

Data Entry Secretary's Initials _____



Household Census Information

Address: PLEASE NOTE THAT POST OFFICE BOXES ARE NOT ACCEPTABLE AS A RESIDENCE ADDRESS BUT MAY BE USED AS A MAILING ADDRESS.

Physical Address: _____

Mailing Address (if different): _____

The Residence is: Single Family Home _____ Hotel/Motel _____ Multi-Family Home _____ (doubled up)
Apartment _____ Campground/Campsite _____ Vehicle _____ Other _____

Municipality to which you pay taxes: ☐ Apolocon ☐ Bridgewater ☐ Choconut ☐ Friendsville ☐ Franklin ☐ Forest Lake
☐ Jessup ☐ Liberty ☐ Little Meadows ☐ Montrose Borough ☐ Silver Lake

Please List All Adults Living at this address:

- 1.) Full Name _____ Birthdate ____/____/____ Gender Male _____ Female _____
- 2.) Full Name _____ Birthdate ____/____/____ Gender Male _____ Female _____
- 3.) Full Name _____ Birthdate ____/____/____ Gender Male _____ Female _____
- 4.) Full Name _____ Birthdate ____/____/____ Gender Male _____ Female _____

Please List All Children living at this address:

- 1.) Full Name _____ Birthdate ____/____/____ Gender Male _____ Female _____
Grade _____ School _____
- 2.) Full Name _____ Birthdate ____/____/____ Gender Male _____ Female _____
Grade _____ School _____
- 3.) Full Name _____ Birthdate ____/____/____ Gender Male _____ Female _____
Grade _____ School _____
- 4.) Full Name _____ Birthdate ____/____/____ Gender Male _____ Female _____
Grade _____ School _____
- 5.) Full Name _____ Birthdate ____/____/____ Gender Male _____ Female _____
Grade _____ School _____
- 6.) Full Name _____ Birthdate ____/____/____ Gender Male _____ Female _____
Grade _____ School _____
- 7.) Full Name _____ Birthdate ____/____/____ Gender Male _____ Female _____
Grade _____ School _____



HOME LANGUAGE SURVEY

The Office of Civil Rights (OCR) requires that school districts/charter schools/full day AVTS identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for identification.

Student's Name _____ **Grade** _____ **Birth Date** _____

What was the student's first language? _____

Does the student speak English? ☐ YES ☐ NO

Does the student speak a language other than English? ☐ YES ☐ NO (Do **not** include languages learned at school)

If yes, please specify other language(s) spoken _____

What language(s) is/are spoken in your home? _____

Person completing this form (if other than parent/guardian): _____

Parent/Guardian Signature: _____

The school district has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district may conduct screenings or ask for related information about students who are already enrolled in the district as well as from students who enroll in the school district in the future.



Student School History

Student Name	<div style="border-bottom: 1px solid black; display: inline-block; width: 100%;"></div> <div style="display: flex; justify-content: space-between; font-weight: bold; font-size: small;"> Last First Middle </div>
Name and address of last school attended	Name of School: Address :
School telephone Numbers	Phone () ____ - ____ Fax () ____ - ____
Academic Grade	K ____ 1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 6 ____ 7 ____ 8 ____ 9 ____ 10 ____ 11 ____ 12 ____
Documents / Records brought from Last School Please Check all That apply	Grades ____ Schedule ____ Transcript ____ Report Card ____ Other _____
Grade 9 Start year	If student is in the High School what year did they start grade 9?

Do any of the following apply to this student from his/her previous school? Please check all that apply

<input type="checkbox"/> Student has an IEP	<input type="checkbox"/> Student has GIEP (Gifted)
<input type="checkbox"/> Student received Speech / Language Therapy	<input type="checkbox"/> Student received Physical Therapy
<input type="checkbox"/> Student is Deaf / Hearing Impaired	<input type="checkbox"/> Student is Blind / Visually Impaired
<input type="checkbox"/> Student received Occupational Therapy	<input type="checkbox"/> Student received Emotional Support
<input type="checkbox"/> Student received Learning Support Services	<input type="checkbox"/> Student had 504 Agreement
<input type="checkbox"/> Student received Autistic Support	<input type="checkbox"/> English as a Second Language
<input type="checkbox"/> Student received Adaptive Physical Education	<input type="checkbox"/> Student received Alternative Education Services
<input type="checkbox"/> Other (please list)	<input type="checkbox"/> None of the Above



Authorization to Release School Records

TO WHOM IT MAY CONCERN:

According to the Family Educational Rights and Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976. Vol. 41, No. 118, Page 24673, it is not necessary to obtain written consent to release records between schools. It states that school officials, including teachers within the educational institution and officials of another school in which the student intends to enroll may receive a student's record without consent for such release.

STUDENT'S NAME _____

DATE OF BIRTH _____ GRADE LEVEL _____

DATE OF ENTRY _____

SIGNATURE OF PARENT/GUARDIAN

DATE

REQUEST FOR HEALTH AND SCHOOL RECORDS

Please send the following information

PA SECURE ID _____

**TRANSCRIPT OF GRADES
GRADES AT TIME OF WITHDRAWAL
STANDARDIZED TESTING
ATTENDANCE HISTORY
HEALTH RECORD
DISCIPLINE SUMMARY
PSYCHOLOGICAL TESTING / IEP
COPY OF BIRTH CERTIFICATE
OTHER AVAILABLE SCHOOL RECORDS**

PLEASE SEND RECORDS TO:

MONTROSE AREA HIGH SCHOOL
ATTN: MRS. BRENDA OGNOSKY
75 METEOR WAY
MONTROSE, PA 18801-9446
PH. 570-278-6253
FAX. 570-278-9040
EMAIL: bognosky@masd.info

LATHROP STREET ELEMENTARY
ATTN: MRS. MARY WAGER
130 LATHROP STREET
MONTROSE, PA 18801-9446
PH. 570-278-0311
FAX 570-278-4799
EMAIL: mwager@masd.info

CHOCONUT VALLEY ELEMENTARY
ATTN: MRS. JACQUIE MEEHAN
4458 STANLEY LAKE ROAD
FRIENDSVILLE, PA 18818-8781
PH. 570-278-7300
FAX 570-278-7310
EMAIL: jameehan@masd.info

High School Counselors:

Grade 7/8: Mrs. Loriann Matulevich
570-278-6235

Grade 9/10: Mrs. Angela Nebzydoski
570-278-6233

Grade 11/12: Mrs. Mary Beth Ohmnacht
570-278-6231

Lathrop Street Counselor:

K-6: Mrs. Torilynn Rezykowski
570-278-0313

Choconut Valley Counselor:

K-6: Mrs. Laura Tomeo
570-278-7309



TRANSPORTATION REQUEST FORM

Date Transportation to begin on _____

Student Name _____ Grade _____

Male _____ Female _____

Parent/Guardian Name _____ Home Phone _____

Address: _____

Place of Employment _____ Work # _____

Directions to stop _____

Sitter's Name if applicable _____ Phone # _____

If there is a student that you know who currently gets on at the same bus stop, provide name below:

Transportation Office use only

School Attending:

_____ Choconut Valley Elementary _____ Lathrop Street Elementary _____ Montrose Area Jr/Sr High School

AM Bus #: _____ Pick Up Time: _____ Bus Stop Location: _____

PM Bus #: _____ Drop Off Time: _____ Bus Stop Location: _____

Transfer Bus#: _____ Transfer Time: _____ Transfer Location: _____

Bus Contractor: _____

If you do not hear from the transportation department within 24 hours please call:

Mrs. JoAnne McCain – Dir. Of Transportation
570-278-6227



PARENTAL REGISTRATION STATEMENT

Student Name _____

Date of Birth _____ Grade _____

Parent/Guardian Name _____ Phone (____) _____ - _____

Address _____

Pennsylvania School Code 13-1304-A states in part "Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration, provide a sworn statement or affirmation stating whether the pupil was previously suspended or expelled from any public or private school of this Commonwealth or any other state for an act of offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property."

PLEASE COMPLETE THE FOLLOWING:

I hereby swear or affirm that my child WAS _____ WAS NOT _____ previously suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs or for the willful infliction of injury to another person or for any act of violence committed on school property. * I make this statement subject to the penalties of 24 P.S. 13-1304-A(b) and 18 Pa. C.S.A 4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and belief.

Signature of Parent

Date

***Name and address of the school from which student was suspended or expelled**

REASON FOR SUSPENSION/EXPULSION: _____

DATES OF SUSPENSION OR EXPULSION: _____

NOTICE: ANY WILLFULLY FALSE STATEMENT MADE ABOVE SHALL BE A MISDEMEANOR OF THE THIRD DEGREE. THIS FORM SHALL BE MAINTAINED AS PART OF THE STUDENT'S DISCIPLINARY RECORD.



Montrose Area School District Emergency Contact Information Form

PLEASE CONTACT THE FOLLOWING IN CASE OF EMERGENCY:

Please include the contact information for people who are able to pick up your child in case we are unable to reach you.

Student Name _____ Student Grade _____ Student Date of Birth _____
Address _____

Is this information an update for a current student? YES _____ NO _____

Name of Contact #1 to call _____ Relationship to Student _____
Phone Number # 1 _____ Home ___ Cell ___ Work ___ Phone Number #3 _____ Home ___ Cell ___ Work ___
Phone Number # 2 _____ Home ___ Cell ___ Work ___ Phone Number #4 _____ Home ___ Cell ___ Work ___

Name of Contact #2 to call _____ Relationship to Student _____
Phone Number # 1 _____ Home ___ Cell ___ Work ___ Phone Number #3 _____ Home ___ Cell ___ Work ___
Phone Number # 2 _____ Home ___ Cell ___ Work ___ Phone Number #4 _____ Home ___ Cell ___ Work ___

Name of Contact #3 to call _____ Relationship to Student _____
Phone Number # 1 _____ Home ___ Cell ___ Work ___ Phone Number #3 _____ Home ___ Cell ___ Work ___
Phone Number # 2 _____ Home ___ Cell ___ Work ___ Phone Number #4 _____ Home ___ Cell ___ Work ___

Name of Contact #4 to call _____ Relationship to Student _____
Phone Number # 1 _____ Home ___ Cell ___ Work ___ Phone Number #3 _____ Home ___ Cell ___ Work ___
Phone Number # 2 _____ Home ___ Cell ___ Work ___ Phone Number #4 _____ Home ___ Cell ___ Work ___

Name of Contact #5 to call _____ Relationship to Student _____
Phone Number # 1 _____ Home ___ Cell ___ Work ___ Phone Number #3 _____ Home ___ Cell ___ Work ___
Phone Number # 2 _____ Home ___ Cell ___ Work ___ Phone Number #4 _____ Home ___ Cell ___ Work ___

Additional Information _____

Medical Emergency Information: (special conditions, physical restrictions, allergies, etc.):

MAY YOUR CHILD BE GIVEN MEDICATION AND FIRST AID UNDER THE SCHOOL DOCTOR'S STANDING ORDERS AT THE DISCRETION OF THE NURSE? YES _____ NO _____

Local Family Physician: _____ Phone _____

Local Dentist: _____ Phone _____

Hospital Preference: _____ Phone _____

List Children in School, include year of Birth:

1. _____ 2. _____ 3. _____ 4. _____

I GIVE PERMISSION TO THE STAFF OF THE MONTROSE AREA SCHOOL DISTRICT TO TRANSPORT, OR TO MAKE ARRANGEMENTS FOR THE TRANSPORTATION OF MY CHILD TO EMERGENCY MEDICAL CARE, AND HEREBY GIVE PERMISSION FOR MEDICAL TREATMENT DECLARED IMMEDIATELY NECESSARY BY THE PHYSICIAN, IN THE EVENT THE PERSONS LISTED ABOVE CANNOT BE CONTACTED.

Signature of Parent or Guardian

Date



PENNSYLVANIA SCHOOL IMMUNIZATION REQUIREMENTS

Children in **ALL GRADES** (K-12) need the following immunizations for attendance:

- 4 doses of tetanus, diphtheria and acellular pertussis*
(1 dose on or after the 4th birthday)
- 4 doses polio (4th dose on or after 4th birthday and at least 6 months after previous dose given) **
- 2 doses of measles, mumps, and rubella***
- 3 doses of hepatitis B
- 2 doses of varicella (chickenpox) vaccine or evidence of immunity

* Usually given as DTaP or DTP or DT or Td

** A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.

*** Usually given as MMR

7th – 12th Grade **ADDITIONAL** immunization requirements for attendance:

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap)
- 2 doses of meningococcal conjugate vaccine (MCV)
 - First dose given 11-15 years of age; a second dose is required at age 16 or entry into 12th grade.
 - If the dose was given at 16 years of age or older, only one dose is required.

Exemptions to the school laws for immunizations are:

- Medical reasons
- Religious beliefs
- Philosophical/strong moral or ethical conviction

If your child is exempt from immunizations, he/she may be removed from school during an outbreak.

Pennsylvania's school immunization requirements can be found in 28PA Code Ch. 23 (School Immunizations)

Contact your health care provider or the Pennsylvania Department of Health at:
1-877-PA-HEALTH (1-877-724-3258)



Student Name

THE NATURE AND PURPOSE OF THE HEALTH RECORD

I understand that the information I give to the school nurse is important to the school staff to understand and help promote the health and education of my child.

I understand that the information will be shared with other professionals in the school only when the school Nurse and/or school physician believe that it is in the best interests of my child's health and education.

I understand that if my child transfers to another school a copy of the health record will be sent to that school.

Signature of Parent/Guardian

PERMISSION FOR EXAMINATIONS AND TESTS

I understand that state law requires:

Periodic Physical examination

Periodic Dental examination

Screening tests for – height, weight, body mass index, scoliosis (curvature of spine), hearing and vision.

I understand that I will be informed, in writing, of any abnormal results of examinations and tests given to my child.

I understand that I may have the periodic physical examinations and dental examinations done by my private physician/dentist at my own expense. I further understand that I will be responsible for sending reports of these examinations to the school health office on forms provided by the school prior to a date set by the school.

I give permission for the following: Screening tests for – height, weight, body mass index, scoliosis (curvature of spine), hearing and vision.

____/____/____
Date

Parent/Guardian Signature



Bureau of Community Health Systems
Division of School Health

Private or School PHYSICAL EXAMINATION OF SCHOOL AGE STUDENT

PARENT / GUARDIAN / STUDENT:

Complete page one of this form before
student's exam. Take completed form to
appointment.

Student's name _____

Today's date _____

Date of birth _____

Age at time of exam _____

Gender: ☐ Male ☐ Female

Medicines and Allergies: Please list all prescription and over-the-counter medicines and supplements (herbal/nutritional) the student is currently taking:

Does the student have any allergies? ☐ No ☐ Yes (If yes, list specific allergy and reaction.)

☐ Medicines

☐ Pollens

☐ Food

☐ Stinging Insects

Complete the following section with a check mark in the YES or NO column; circle questions you do not know the answer to.

GENERAL HEALTH: <i>Has the student...</i>	YES	NO
1. Any ongoing medical conditions? If so, please identify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infection Other _____		
2. Ever stayed more than one night in the hospital?		
3. Ever had surgery?		
4. Ever had a seizure?		
5. Had a history of being born without or is missing a kidney, an eye, a testicle (males), spleen, or any other organ?		
6. Ever become ill while exercising in the heat?		
7. Had frequent muscle cramps when exercising?		
HEAD/NECK/SPINE: <i>Has the student...</i>	YES	NO
8. Had headaches with exercise?		
9. Ever had a head injury or concussion?		
10. Ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
11. Ever had numbness, tingling, or weakness in his/her arms or legs after being hit or falling?		
12. Ever been unable to move arms or legs after being hit or falling?		
13. Noticed or been told he/she has a curved spine or scoliosis?		
14. Had any problem with his/her eyes (vision) or had a history of an eye injury?		
15. Been prescribed glasses or contact lenses?		
HEART/LUNGS: <i>Has the student...</i>	YES	NO
16. Ever used an inhaler or taken asthma medicine?		
17. Ever had the doctor say he/she has a heart problem? If so, check all that apply: <input type="checkbox"/> Heart murmur or heart infection <input type="checkbox"/> High blood pressure <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> High cholesterol <input type="checkbox"/> Other: _____		
18. Been told by the doctor to have a heart test? (For example, ECG/EKG, echocardiogram)?		
19. Had a cough, wheeze, difficulty breathing, shortness of breath or felt lightheaded DURING or AFTER exercise?		
20. Had discomfort, pain, tightness or chest pressure during exercise?		
21. Felt his/her heart race or skip beats during exercise?		
BONE/JOINT: <i>Has the student...</i>	YES	NO
22. Had a broken or fractured bone, stress fracture, or dislocated joint?		
23. Had an injury to a muscle, ligament, or tendon?		
24. Had an injury that required a brace, cast, crutches, or orthotics?		
25. Needed an x-ray, MRI, CT scan, injection, or physical therapy following an injury?		
26. Had joints that become painful, swollen, feel warm, or look red?		
SKIN: <i>Has the student...</i>	YES	NO
27. Had any rashes, pressure sores, or other skin problems?		
28. Ever had herpes or a MRSA skin infection?		

GENITOURINARY: <i>Has the student...</i>	YES	NO
29. Had groin pain or a painful bulge or hernia in the groin area?		
30. Had a history of urinary tract infections or bedwetting?		
31. FEMALES ONLY: Had a menstrual period? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: At what age was her first menstrual period? _____ How many periods has she had in the last 12 months? _____ Date of last period: _____		
DENTAL:	YES	NO
32. Has the student had any pain or problems with his/her gums or teeth?		
33. Name of student's dentist: _____ Last dental visit: <input type="checkbox"/> less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> greater than 2 years		
SOCIAL/LEARNING: <i>Has the student...</i>	YES	NO
34. Been told he/she has a learning disability, intellectual or developmental disability, cognitive delay, ADD/ADHD, etc.?		
35. Been bullied or experienced bullying behavior?		
36. Experienced major grief, trauma, or other significant life event?		
37. Exhibited significant changes in behavior, social relationships, grades, eating or sleeping habits; withdrawn from family or friends?		
38. Been worried, sad, upset, or angry much of the time?		
39. Shown a general loss of energy, motivation, interest or enthusiasm?		
40. Had concerns about weight; been trying to gain or lose weight or received a recommendation to gain or lose weight?		
41. Used (or currently uses) tobacco, alcohol, or drugs?		
FAMILY HEALTH:	YES	NO
42. Is there a family history of the following? If so, check all that apply: <input type="checkbox"/> Anemia/blood disorders <input type="checkbox"/> Inherited disease/syndrome <input type="checkbox"/> Asthma/lung problems <input type="checkbox"/> Kidney problems <input type="checkbox"/> Behavioral health issue <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Diabetes <input type="checkbox"/> Sickle cell trait or disease Other: _____		
43. Is there a family history of any of the following heart-related problems? If so, check all that apply: <input type="checkbox"/> Brugada syndrome <input type="checkbox"/> QT syndrome <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Marfan syndrome <input type="checkbox"/> High blood pressure <input type="checkbox"/> Ventricular tachycardia <input type="checkbox"/> High cholesterol <input type="checkbox"/> Other: _____		
44. Has any family member had unexplained fainting, unexplained seizures, or experienced a near drowning?		
45. Has any family member / relative died of heart problems before age 50 or had an unexpected / unexplained sudden death before age 50 (includes drowning, unexplained car accidents, sudden infant death syndrome)?		
QUESTIONS OR CONCERNS	YES	NO
46. Are there any questions or concerns that the student, parent or guardian would like to discuss with the health care provider? (If yes, write them on page 4 of this form.)		

I hereby certify that to the best of my knowledge all of the information is true and complete. I give my consent for an exchange of health information between the school nurse and health care providers.

Signature of parent / guardian / emancipated student _____ Date _____

Adapted in part from the **Pre-participation Physical Evaluation History Form**; ©2010 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.

STUDENT'S HEALTH HISTORY (page 1 of this form) REVIEWED PRIOR TO PERFORMING EXAMINATION: Yes ☐ No ☐

Physical exam for grade: K/1 <input type="checkbox"/> 6 <input type="checkbox"/> 11 <input type="checkbox"/> Other <input type="checkbox"/>	CHECK ONE			*ABNORMAL FINDINGS / RECOMMENDATIONS / REFERRALS
	NORMAL	*ABNORMAL	DEFER	
Height: () inches				
Weight: () pounds				
BMI: ()				
BMI-for-Age Percentile: () %				
Pulse: ()				
Blood Pressure: (/)				
Hair/Scalp				
Skin				
Eyes/Vision Corrected <input type="checkbox"/>				
Ears/Hearing				
Nose and Throat				
Teeth and Gingiva				
Lymph Glands				
Heart				
Lungs				
Abdomen				
Genitourinary				
Neuromuscular System				
Extremities				
Spine (Scoliosis)				
Other				

TUBERCULIN TEST	DATE APPLIED	DATE READ	RESULT/FOLLOW-UP

MEDICAL CONDITIONS OR CHRONIC DISEASES WHICH REQUIRE MEDICATION, RESTRICTION OF ACTIVITY, OR WHICH MAY AFFECT EDUCATION

(Additional space on page 4)

Parent/guardian present during exam: Yes ☐ No ☐Physical exam performed at: Personal Health Care Provider's Office ☐ School ☐ Date of exam _____ 20____

Print name of examiner _____

Print examiner's office address _____ Phone _____

Signature of examiner _____ MD ☐ DO ☐ PAC ☐ 15 CRNP ☐

HEALTH CARE PROVIDERS: *Please photocopy immunization history from student's record – OR – insert information below.*

IMMUNIZATION EXEMPTION(S):

Medical ☐ Date Issued: _____ Reason: _____ Date Rescinded: _____

Medical ☐ Date Issued: _____ Reason: _____ Date Rescinded: _____

Medical ☐ Date Issued: _____ Reason: _____ Date Rescinded: _____

NOTE: The parent/guardian must provide a written request to the school for a religious or philosophical exemption.

VACCINE	DOCUMENT: (1) Type of vaccine; (2) Date (month/day/year) for each immunization				
Diphtheria/Tetanus/Pertussis (child) Type: DTaP, DTP or DT	1	2	3	4	5
Diphtheria/Tetanus/Pertussis (adolescent/adult) Type: Tdap or Td	1	2	3	4	5
Polio Type: OPV or IPV	1	2	3	4	5
Hepatitis B (HepB)	1	2	3	4	5
Measles/Mumps/Rubella (MMR)	1	2	3	4	5
Mumps disease diagnosed by physician <input type="checkbox"/>	Date: _____				
Varicella: Vaccine <input type="checkbox"/> Disease <input type="checkbox"/>	1	2	3	4	5
Serology: (Identify Antigen/Date/POS or NEG) i.e. Hep B, Measles, Rubella, Varicella	1	2	3	4	5
Meningococcal Conjugate Vaccine (MCV4)	1	2	3	4	5
Human Papilloma Virus (HPV) Type: HPV2 or HPV4	1	2	3	4	5
Influenza Type: TIV (injected) LAIV (nasal)	1	2	3	4	5
	6	7	8	9	10
	11	12	13	14	15
Haemophilus Influenzae Type b (Hib)	1	2	3	4	5
Pneumococcal Conjugate Vaccine (PCV) Type: 7 or 13	1	2	3	4	5
Hepatitis A (HepA)	1	2	3	4	5
Rotavirus	1	2	3	4	5
Other Vaccines: (Type and Date)					

[illegible]



Dental Examination Permission Form Brief Dental History

The school health law of Pennsylvania requires all pupils to have a dental examination at least 3 times during the school years. We require the dental examination in Kindergarten, Third and Sixth grades. You may have your child's teeth examined in school, or have your private dentist fill out the school dental health form.

Child's Name _____

_____ **Yes**, I give permission for the school dental hygienist to do my child's dental examination.

Does your child have a heart condition that requires medication prior to having dental work done? _____ Yes _____ No

Does your child have any unusual dental health condition? If yes, please explain

Does your child have a health condition that you believe the dental hygienist needs to know about ? Please describe

_____ **No**, I do not give permission for my child to be examined by the school dental hygienist.
I understand that I will be required to provide a report from my child's dentist in grades Kindergarten, Third and Sixth.

Parent's Signature _____ Date ____/____/____



THIS FORM FOR ELEMENTARY ENROLLMENTS ONLY

Montrose Area School District

273 Meteor Way
Montrose, PA 18801
(570)278-3731

HEALTH HISTORY

Name of Child _____

Date of Birth ____/____/____

PREGNANCY AND BIRTH

Circle your answer

- | | | | |
|----|---|-----|----|
| 1. | Did the mother have any illness during the pregnancy? If yes please explain.
_____ | Yes | No |
| 2. | Did the mother take any medicines, alcohol or drugs (other than iron or Vitamins) during the pregnancy? If yes please explain _____ | Yes | No |
| 3. | Was the mother or the family under any unusual strain during the pregnancy? If yes please explain. _____ | Yes | No |
| 4. | Did the baby come on time? _____ | Yes | No |
| | If premature did the baby require neonatal intensive care: _____ | Yes | No |
| | If the baby required neonatal intensive care, for how long? _____ | | |
| | Did the baby require oxygen or assistance with breathing for a prolonged period of time? _____ | Yes | No |
| 5. | Was the baby born with any apparent complications? If yes please explain _____ | Yes | No |
| 6. | What was the baby's birth weight? _____ | | |
| 7. | Did the baby have any problems while in the hospital that required medical attention? If yes please explain _____ | Yes | No |
| 8. | How many days did the baby stay in the hospital? _____ | | |

EARLY CHILDHOOD HISTORY

- | | | | |
|-----|--|--|--|
| 1. | Would you describe the baby as average, quiet or active? _____ | | |
| 2. | Did the baby have any special problems in the first six months? If yes please explain. _____ | | |
| 3. | At what age did the child sit alone? _____ | | |
| 4. | At what age did the child start to crawl? _____ | | |
| 5. | At what age did the child stand alone? _____ | | |
| 6. | At what age did the child walk alone? _____ | | |
| 7. | At what age did the child speak their first words? _____ | | |
| 8. | At what age did the child speak short sentences (two or three words)? _____ | | |
| 9. | At what age did the child become toilet trained? _____ | | |
| 10. | At what age did the child stay dry at night? _____ | | |

INSURANCE INFORMATION

- | | | | |
|----|---|-----|----|
| 1. | Does the family have coverage for medical expenses? _____ | Yes | No |
| | What type? _____ Private Insurance | | |
| | _____ Pennsylvania access card | | |
| | _____ CHIP | | |
| | _____ None | | |

MONTROSE AREA SCHOOL DISTRICT

Lathrop Street Elementary School
130 Lathrop Street
Montrose, PA 18801-1197
Phone: 570-278-0310
Fax: 570-278-4799

Choconut Valley Elementary School
4458 Stanley Lake Road
Friendsville, PA 18818-9610
Phone: 570-278-7300
Fax: 570-278-7310



Junior-Senior High School
75 Meteor Way
Montrose, PA 18801-9507
Phone: 570-278-3731
Fax: 570-278-6290

Administrative Offices
273 Meteor Way
Montrose, PA 18801-9507
Phone: 570-278-3731
Fax: 570-278-4798

Visit our website at www.masd.info

Dear Parent/Guardian:

Children need healthy meals to learn. The Montrose Area School District offers healthy meals every school day. The District participates in the Community Eligibility Program therefore Breakfast costs \$0; lunch costs \$0, but students must pay for seconds or ala carte items. By completing this application you will help our district to receive Federal Funding. This packet includes an application for free and reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

If you have received a **NOTICE OF DIRECT CERTIFICATION** letter for free meals, **do not** complete the application. But **do** let the school know if any children in your household are not listed on the **NOTICE OF DIRECT CERTIFICATION** letter you received.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS OR SPECIAL MILK?

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

INCOME ELIGIBILITY REDUCED PRICE GUIDELINES JULY 1, 2023-JUNE 30, 2024

Family Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$26,973	\$2,248	\$1,124	\$1,038	\$519
2	\$36,482	\$3,041	\$1,521	\$1,404	\$702
3	\$45,991	\$3,833	\$1,917	\$1,769	\$885
4	\$55,500	\$4,625	\$2,313	\$2,135	\$1,068
5	\$65,009	\$5,418	\$2,709	\$2,501	\$1,251
6	\$74,518	\$6,210	\$3,105	\$2,867	\$1,434
7	\$84,027	\$7,003	\$3,502	\$3,232	\$1,616
8	\$93,536	\$7,795	\$3,898	\$3,598	\$1,799
Each additional family member add:	+\$9,509	+\$793	+\$397	+\$366	+\$183

- ## 2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?
- Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who

have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, call or email Greg Adams, homeless liaison 570-278-3731 or email gadams@masd.info.

3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. You may request a paper application from the school at any time. Return the completed application to: Michelle Lusk, 273 Meteor Way, Montrose, PA 18801. 570-278-6213.
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but read the letter you received carefully and follow the instructions. If any children in your household were missing from your eligibility notification letter, contact Michelle Lusk, 273 Meteor Way, Montrose, PA 18801. 570-278-6213 immediately.
5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit www.masd.info **or visit** the PA Department of Human Services website at www.compass.state.pa.us.
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first 30 operating school days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Send in an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and/or reduced price meals if the household income drops below the income limit.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to Michelle Lusk, 273 Meteor Way, Montrose, PA 18801 570-278-6213.
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application or may not receive income at all. Whenever this happens, write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Be careful when leaving income fields blank, as we will assume you meant to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper and attach it to your application. Contact Michelle Lusk 273 Meteor Way, Montrose, PA 18801 570-278-6213 **to receive a second application.**
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **SNAP** or other assistance benefits, visit www.compass.state.pa.us, contact your local county assistance office, or call 1-800-692-7462.

If you have other questions or need help, call 570-278-6213.

PLEASE MAIL YOUR COMPLETED APPLICATION TO:

MICHELLE LUSK
273 METEOR WAY
MONTROSE, PA 18801

Sincerely,

Michelle Lusk

Michelle Lusk

Business Manager / Food Service Director

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
Program.Intake@usda.gov

This institution is an equal opportunity provider.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Contact your child's school.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Comuníquese con la escuela de su niño.

Pennsylvania Household Application for Free and Reduced Price School Meals

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

APPLY ONLINE:
RETURN TO (School/District Name):
ADDRESS:

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Foster Child	Migrant	Runaway	Homeless
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

STEP 2 Do any household members (including you) participate in: SNAP, TANF, or FDPIR?

☐ NO → Go to STEP 3.

☐ YES → Write case number here and proceed to STEP 4.

CASE NUMBER (NOT EBT NUMBER):

Write only one case number in this space.

STEP 3 List ALL household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)

List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) 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 received?					Public Assistance, Child Support, Alimony	How often received?				Pensions, Retirement, Social Security, SSI, VA Benefits, All Other Income	How often received?			
		Weekly	Every 2 Weeks	2x Month	Monthly	Annual		Weekly	Every 2 Weeks	2x Month	Monthly		Weekly	Every 2 Weeks	2x Month	Monthly
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults)

Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable)

Check if no Social Security Number

Please see application's back for list of income sources.

B. Child Income

Sometimes children in the household earn or receive income.
Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Child Income	How often received?				
	Weekly	Every 2 Weeks	2X Month	Monthly	Annual
\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

STEP 4 Contact information and adult signature. RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL: Insert school address here

"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 (confirm) 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."

Print Name of Adult Signing the Form

Mailing Address (if available)

Signature of Adult

City

State

Zip

Today's Date

Phone (optional)

Email (optional)

SOURCES AND EXAMPLES OF INCOME For additional information on income, please refer to the instructions that accompany this application.

Sources of Income			Examples of Income for Children
Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/ All other sources of income	
<ul style="list-style-type: none">Salary, wages, cash bonuses, tips, commissionsNet income from self-employment (farm or business) If you are in the U.S. Military: <ul style="list-style-type: none">Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)Allowances for off-base housing, food, and clothing	<ul style="list-style-type: none">Unemployment benefitsWorkers' compensationSupplemental Security Income (SSI)Cash assistance from State or local governmentAlimony paymentsChild support paymentsVeterans' benefitsStrike benefits	<ul style="list-style-type: none">Social Security/Disability (including railroad retirement and black lung benefits)Private Pensions or disability benefitsIncome from trusts or estatesAnnuitiesInvestment incomeEarned interestRental incomeRegular cash payments from outside household	<ul style="list-style-type: none">A child has a regular full or part-time job where they earn a salary or wagesA child is blind or disabled and receives Social Security benefitsA parent is disabled, retired, or deceased, and their child receives Social Security benefitsA friend or extended family member regularly gives a child spending moneyA child receives regular income from a private pension fund, annuity, or trust

OPTIONAL Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

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 (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Return this completed form to your child's school. ***Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.**

DO NOT FILL OUT For school use only.

Annual Income Conversion: Weekly $\times 52$, Every 2 Weeks $\times 26$, Twice a Month $\times 24$, Monthly $\times 12$. Do not annualize income to determine eligibility unless more than one income frequency is listed.

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

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number'. Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number.

Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

* MAIL: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (833) 256-1665 or (202) 690-7442; or
EMAIL: Program.Intake@usda.gov

*** Do not mail applications to this address, only complaints of discrimination.**

Return completed form to your child's school.

This institution is an equal opportunity provider.

Modelo de solicitud de comidas escolares sin costo y a precio reducido para hogares PRESENTE SU SOLICITUD EN LÍNEA:
DEVUÉLVALA A (nombre de la escuela o del distrito):
DIRECCIÓN:

PASO 1 Enumere a TODOS los niño/as, bebés y estudiantes de hasta 12º grado. Adjunte otra hoja si necesita espacio para más nombres.

Enumere a TODOS los niño/as del hogar. No olvide mencionar a los bebés, los niño/as que asisten a otras escuelas, los niño/as que no asisten a la escuela y los niño/as que no solicitan beneficios. Esto incluye a los niño/as que no tienen parentesco con usted y viven en su hogar.

El primer nombre del niño/a	MI	Apellido(s) del niño/a	Grado		Foster child	Migrante	Huyó del hogar	Sin hogar	
				Marque todas las opciones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Si marcó alguna de estas casillas, consulte las instrucciones de la solicitud, Paso 1: Parte C y Parte D.
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PASO 2 ¿Algún miembro del hogar (incluido usted) participa en el Programa de Asistencia Nutricional Suplementaria (SNAP, por sus siglas en inglés), el Programa de Asistencia Temporal para Familias Necesitadas (TANF, por sus siglas en inglés), o el Programa de Distribución de Alimentos en las Reservas Indígenas (FDPIR, por sus siglas en inglés)?

☐ NO → Continúe al PASO 3.

☐ SÍ → Escriba el número de caso aquí y continúe al PASO 4.

NÚMERO DE CASO (NO EL NÚMERO DE TRANSFERENCIA ELECTRÓNICA DE BENEFICIOS [EBT, por sus siglas en inglés]):

Escriba solo un número de caso en este espacio

PASO 3 Enumere a TODOS los miembros del hogar y los ingresos de cada uno de ellos (antes de impuestos y deducciones)

A. Todos los miembros adultos del hogar (cualquier persona, aunque no sea pariente, que viva con usted y comparta ingresos y gastos, incluyendo usted mismo). Enumere a todos los miembros adultos del hogar que no se hayan mencionado en el PASO 1 (incluido usted), aunque no reciban ingresos. Para cada miembro del hogar que se haya enumerado, si recibe ingresos, indique los ingresos brutos totales (antes de impuestos y deducciones) de cada fuente únicamente en cantidades redondeadas (sin centavos). Si no recibe ingresos de ninguna fuente, escriba “0”. Si escribe “0” o deja algún campo en blanco, certifica (garantiza) que no hay ingresos que declarar.

Nombre de los miembros adultos del hogar (nombre y apellido)	Ingresos del trabajo	¿Con qué frecuencia se reciben?					Asistencia pública, pensión alimenticia, manutención	¿Con qué frecuencia se reciben?				Pensiones, jubilación, seguridad social, Seguridad de Ingreso Suplementario (SSI, por sus siglas en inglés), beneficio de la Administración de Veteranos (VA, por sus siglas en inglés), todos los demás ingresos	¿Con qué frecuencia se reciben?			
		Semanalmente	Cada 2 semanas	2 veces al mes	Mensualmente	Anualmente		Semanalmente	Cada 2 semanas	2 veces al mes	Mensualmente		Semanalmente	Cada 2 semanas	2 veces al mes	Mensualmente
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total de miembros del hogar (niño/as y adultos)

Cuatro últimos dígitos del Número de Seguro Social de la persona que tenga el salario principal u otro miembro adulto del hogar (si corresponde)

Marque si no tiene número de Seguro Social ☐

Consulte la lista de las fuentes de ingresos al reverso de la solicitud.

B. Ingresos de los niño/as

A veces los niño/as del hogar obtienen o reciben ingresos. Incluya aquí los ingresos TOTALES (antes de impuestos y deducciones) recibidos por TODOS los niño/as que se hayan enumerado en el PASO 1.

Ingresos de los niño/as	¿Con qué frecuencia se reciben?				
	Semanalmente	Cada 2 semanas	2 veces al mes	Mensualmente	Anualmente
\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PASO 4 Información de contacto y firma del adulto. DEVUELVA EL FORMULARIO COMPLETADO A LA ESCUELA DE SU NIÑO/A: Escriba aquí la dirección de la escuela

Certifico (garantizo) que toda la información que aparece en esta solicitud es verdadera y que se declararon todos los ingresos. Entiendo que esta información se proporciona en relación con la recepción de fondos federales y que los funcionarios de la escuela pueden verificar (confirmar) la información. Soy consciente de que si proporciono información falsa intencionalmente, mis niño/as pueden perder los beneficios de comidas y se me podría procesar de acuerdo con las leyes estatales y federales aplicables.

Nombre en letra de imprenta del adulto que firma el formulario

Dirección postal (si está disponible)

Ciudad

Estado

Código postal

Teléfono (opcional)

Correo electrónico (opcional)

Fuentes de ingresos			Ejemplos de ingresos de los niño/as		
Ingresos del trabajo	Asistencia pública/manutención/pensión alimenticia	Pensiones/jubilación/todas las demás fuentes de ingresos	• Un niño/a tiene un empleo regular de tiempo completo o medio tiempo en el que gana un sueldo o salario.		
• sueldos, salarios, bonos en efectivo, propinas, comisiones • ingresos netos del trabajo por cuenta propia (agrícola o empresarial) Sí forma parte de las Fuerzas Armadas de EE. UU.: • pago básico y bonos en efectivo (NO incluya pago por combate, asignación familiar suplementaria de subsistencia [FSSA, por sus siglas en inglés] ni subsidios para vivienda privada) • subsidios para alojamiento fuera de la base, comida y vestimenta	• beneficios por desempleo • compensación para los trabajadores • Seguridad de Ingreso Suplementario (SSI) • asistencia en efectivo del estado o el gobierno local • pagos de manutención • pagos de pensión alimenticia • beneficios para veteranos • beneficios por huelga	• seguridad social, discapacidad (incluidos los beneficios de jubilación de los empleados ferroviarios y beneficios de los mineros de carbón) • pensiones privadas o beneficios por discapacidad • ingresos procedentes de fideicomisos o herencias • anualidades • ingresos por inversiones • intereses devengados • ingresos por arrendamiento • pagos regulares en efectivo provenientes de fuentes externas	• Un niño/a es ciego o discapacitado, y recibe beneficios del Seguro Social.		
			• El padre o la madre tiene una discapacidad, se jubiló o falleció, y su niño/a recibe beneficios del Seguro Social.		
			• Un amigo o un miembro de la familia extendida proporciona dinero al niño/a regularmente para sus gastos.		
			• Un niño/a recibe regularmente ingresos de un fondo de pensión privado, anualidad o fideicomiso.		

OPCIONAL

Identidades étnicas y raciales de los niño/as. Esta información es confidencial y es posible que esté protegida por la Ley de Privacidad de 1974.

Estamos obligados a pedir información sobre la raza y el origen étnico de sus niño/as. Esta información es importante y ayuda a garantizar que sirvamos plenamente a nuestra comunidad. Responder esta sección es opcional y no afecta la elegibilidad de sus niño/as para recibir comidas sin costo o a precio reducido.

Origen étnico (marque una opción): ☐ Hispano o latino (una persona de cultura u origen cubano, mexicano, puertorriqueño, sudamericano o centroamericano, o de otra cultura u origen español, independientemente de la raza) ☐ Ni hispano ni latino

Raza (marque una o más opciones): ☐ Indígena americano o nativo de Alaska ☐ Asiático ☐ Negro o afroamericano ☐ Nativo de Hawái o de otras islas del Pacífico ☐ Blanco

Devuelva este formulario completado a la escuela de su niño/a. ***No envíe por correo postal, fax o correo electrónico las solicitudes completadas a la Oficina del Secretario Adjunto de Derechos Civiles del Departamento de Agricultura de los EE. UU.**

NO LLENAR

Solo para uso de la escuela.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income

How often?

Weekly

Every 2 Weeks

2x Month

Monthly

Annual

Household size

Categorical Eligibility

☐

Eligibility

Free

Reduced

Denied

Determining Official's Signature

Date

Confirming Official's Signature

Date

Verifying Official's Signature

Date

Declaración sobre el uso de la información

La Ley Nacional de Almuerzos Escolares Richard B. Russell exige que utilicemos la información de esta solicitud para determinar qué personas reúnen los requisitos para recibir comidas sin costo o a precio reducido. Solo podemos aprobar formularios completos. Es posible que compartamos su información de elegibilidad con programas educativos, de salud y de nutrición para ayudarles a proporcionar los beneficios del programa para su hogar. Los inspectores y las fuerzas del orden público también pueden usar su información para asegurarse de que se cumplan las reglas del programa.

Asegúrese de proporcionar los cuatro últimos dígitos del número de Seguro Social del adulto del hogar que firma la solicitud. Si el adulto no tiene este número, seleccione la caja al lado de "Marque si no tiene número de Seguro Social". Las solicitudes para un niño/a de acogida temporal no necesitan incluir un número de Seguro Social. Las solicitudes para los niño/as de hogares que reciben el Programa de Asistencia Nutricional Suplementaria (SNAP), el Programa de Asistencia Temporal para Familias Necesitadas (TANF) o el Programa de Distribución de Alimentos en las Reservas Indígenas (FDPIR) no necesitan incluir un número de Seguro Social. Algunos niño/as reúnen los requisitos para recibir comidas sin costo sin necesidad de presentar una solicitud. Comuníquese con su escuela para recibir comidas sin costo para un *foster child* y para niño/as sin hogar, migrante o que huyó del hogar.

Devuelva el formulario completado a la escuela de su niño/a.

La información de contacto que aparece más adelante es únicamente para presentar una queja por discriminación.

De acuerdo con la ley federal de derechos civiles y las normas y políticas de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), esta entidad está prohibida de discriminar por motivos de raza, color, origen nacional, sexo (incluyendo identidad de género y orientación sexual), discapacidad, edad, o represalia o retorsión por actividades previas de derechos civiles.

La información sobre el programa puede estar disponible en otros idiomas que no sean el inglés. Las personas con discapacidades que requieren medios alternos de comunicación para obtener la información del programa (por ejemplo, Braille, letra grande, cinta de audio, lenguaje de señas americano (ASL), etc.) deben comunicarse con la agencia local o estatal responsable de administrar el programa o con el Centro TARGET del USDA al (202) 720-2600 (voz y TTY) o comuníquese con el USDA a través del Servicio Federal de Retransmisión al (800) 877-8339.

Para presentar una queja por discriminación en el programa, el reclamante debe llenar un formulario AD-3027, formulario de queja por discriminación en el programa del USDA, el cual puede obtenerse en línea en: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, de cualquier oficina de USDA, llamando al (866) 632-9992, o escribiendo una carta dirigida a USDA. La carta debe contener el nombre del demandante, la dirección, el número de teléfono y una descripción escrita de la acción discriminatoria alegada con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR) sobre la naturaleza y fecha de una presunta violación de derechos civiles. El formulario AD-3027 completado o la carta debe presentarse a USDA por:

*Correo:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX:

(833) 256-1665 or (202) 690-7442; o

Correo electrónico:

Program.Intake@usda.gov

*** No envíe solicitudes a esta dirección; solo quejas por discriminación.**

Esta institución es un proveedor que ofrece igualdad de oportunidades.