



## UPK Registration Packet

Welcome to the Cohoes City School District!

Registration for all children entering the Cohoes City School District is **by appointment only** and occurs at the District's Main Office located at **7 Bevan St Cohoes, NY 12047**. You can call **518-237-4131 ext. 2299** to schedule an appointment.

Please complete this packet and have all required documentation prior to scheduling an appointment with the registration office.

*A parent/legal guardian must be present at the time of registration.*

### PARENTS MUST PROVIDE THE FOLLOWING ALONG WITH THE PACKET TO COMPLETE REGISTRATION:

- Parent/Legal Guardian photo ID.**
- Proof of Age** (any of the following): Birth Certificate, Passport, or Baptismal Certificate
- (2) Proofs of residency:** A list of acceptable documents can be found on the Proof of Residency form.
- Proof of Immunization and a Physical:** Must be signed or stamped by a State Licensed health care provider. Proof may be faxed to (518)833-7009 directly from the physician's office.
- Custody papers**(if applicable)
- Individualized Education Plan (if applicable) and Academic Records**  
*\*All academic records must be received from previous school before a HS schedule can be made.*

*If any of the above documents are unavailable the school district may consider other forms upon approval.*

<b><u>3 Year old UPK Sites</u></b>	<b><u>4 Year old UPK Sites</u></b>
<b>Abram Lansing Elementary:</b> (518) 237-5044 X3120 <b>Van Schaick Elementary:</b> (518) 237-2828 X4116 <b>Harmony Hill Elementary:</b> (518) 233-1900 X5221	<b>Abram Lansing Elementary:</b> (518) 237-5044 X3120 <b>Van Schaick Elementary:</b> (518) 237-2828 X4116 <b>Harmony Hill Elementary:</b> (518) 233-1900 X5221

**Jacqueline DeChiaro**, Van Schaick Grade School Principal and UPK Administrator, 518-237-2828  
**Mary Haley**, UPK Coordinator, 518-879-9440

**UPK openings are contingent on state funding. If there are more applications than allotted openings, all completed applications will be placed in a lottery. Applications not initially selected will be placed on a waiting list and called when space becomes available**

Arrival- 8:45AM  
Dismissal-2:40PM

**\*Cohoes City School District does not provide transportation.**



## Residency Questionnaire

Student Name: \_\_\_\_\_ Gender: M F Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### McKinney-Vento Assistance Act

The answers you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney Vento Act may also be entitled to free transportation and other services.

**Where is the student currently living?** (Please check one box.)

- In an emergency or transitional shelter
- With another family or other person due to a loss of housing or economic hardship
- With an adult who is not a parent or guardian or alone without an adult
- In a hotel/motel
- In a car, park, bus, train, campsite, public place, abandoned building
- Other temporary living situation(Please describe): \_\_\_\_\_
- Student is in permanent housing**

If student is in **permanent housing** please sign below and **fill out the Residency Form on the next page.**

If **any of the other boxes were checked** please sign below and you will need to **fill out a Designation Form (STAC 202)** which the school will provide you.

Print: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Parent, Guardian, or Student (unaccompanied homeless youth) Parent, Guardian, or Student*



## Residency Form

Parent/Guardian: _____	Student(s) Names: _____ Grade: _____
Relationship to student(s): _____	_____ Grade: _____
Physical Address: _____	_____ Grade: _____
City/State/Zip: _____	_____ Grade: _____

Please check one:    Own    Rent    Reside with a district resident

**\*When you registrar OR move within the Cohoes City School District, you are required to provide the school district with Proof of Residency. Post office boxes will not be accepted.**

*To enroll you must reside in the school district. Solely owning property or a home does not constitute residency.*

### You must provide at least two (2) proofs from the following list

(Your name and address must be indicated on these documents and current)

**\*If an ROP is provided no other proof is necessary.**

If you Own	If you Rent	Reside with a district resident
<input type="checkbox"/> Tax Bill <input type="checkbox"/> House Deed <input type="checkbox"/> Mortgage Statement w/in 30 days <input type="checkbox"/> Current Homeowner's Insurance <input type="checkbox"/> Current Drivers' License <input type="checkbox"/> Utility Bill w/in 30days <input type="checkbox"/> A record of voter registration	<input type="checkbox"/> *Residential Occupancy Permit (ROP) <div style="margin-left: 20px;">  Can be obtained from City Hall 518-233-2127, landlord, or a form can be signed at the time of registration.         </div> <input type="checkbox"/> Documents issued by the federal, state Or local agencies. <input type="checkbox"/> Utility Bill w/in 30 days <input type="checkbox"/> Lease agreement (must be signed with landlords name and phone number) <input type="checkbox"/> Current Renter's Insurance <input type="checkbox"/> Cohoes Housing Authority	<input type="checkbox"/> Notarized letter from the district resident <u>along with the resident's proof of ownership (house deed, tax bill, or mortgage statement).</u>  *A residency check will be done by a school representative as well. -----Office Use -----  Date of HV: _____  <input type="checkbox"/> Verified <input type="checkbox"/> Not Verified

**Once this form and documents is received by the District, residency will be verified.**

Parent/Guardian Signature	Date	Approved by: Signature	Date



## UPK Student Registration Form

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

### Student Information

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

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female Grade: UPK

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

Residential Address: \_\_\_\_\_  
Street Apt# or Floor

\_\_\_\_\_ City State Zip

Mailing Address  
 (if different than above): \_\_\_\_\_

**Is your child toilet trained?**  
 Yes  No

**Does your child have an IEP (Individual Education Plan)?**  
 Yes  No

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1.) **Ethnicity** – *Check those which apply.*  
 Hispanic  Not Hispanic

2.) **Race** – *Check all those which apply.*  
 American Indian or Alaska Native  Asian  
 Black or African-American  White  
 Native Hawaiian or other Pacific Islander

### Parent/Guardian Information

**Student Resides With:**  Parents  Mother  Father  Foster Parents (please attach form DSS-2999)  Other: \_\_\_\_\_

**Are there Legal Arrangements?**  No  Yes (if yes, please provide court documents) |  Joint Custody  Sole Custody  Temporary Custody  Visitation

**Primary Parent/Guardian Name:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_ **Active Military:**  Yes  No

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Workplace: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_ **Active Military:**  Yes  No

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Workplace: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Home Address (If different than student's):** \_\_\_\_\_ **Receives Mail:**  Yes  No

### Household Information

List all <u>Children</u> residing at residence	Gender	Birthdate	Grade	School

-----Go on to next page-----

*For Office Use Only*

Documents provided to the district:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Photo ID<br><input type="checkbox"/> Birth Certificate<br><input type="checkbox"/> Immunization Records<br><input type="checkbox"/> Physical<br><input type="checkbox"/> Dental Certificate<br><b>NOTES:</b> | <b>Proof of Residency:</b><br><input type="checkbox"/> Deed or Tax Bill<br><input type="checkbox"/> Utility bill<br><input type="checkbox"/> Driver's License<br><input type="checkbox"/> ROP | <b>Custody Papers:</b><br><input type="checkbox"/> Cohoes Housing Authority<br><input type="checkbox"/> Notarized letter and home visit<br><input type="checkbox"/> Signed Lease<br><input type="checkbox"/> DSS 2999<br><input type="checkbox"/> Custody<br><input type="checkbox"/> STAC<br><input type="checkbox"/> Free/Reduced |
|---|---|---|

**Student ID #** \_\_\_\_\_

**Grade:** \_\_\_\_\_  VS  AL  HH

**Referrals:**  CSE  ELL

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

**Registrar Signature:** \_\_\_\_\_



## UPK Student Registration Form

### Emergency Contact

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Special and/or Medical Needs

**Please check any services that your child receives:**

Individualized Education Plan (IEP)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Declassified	<input type="checkbox"/> I Don't Know
Occupational Therapy	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Declassified	<input type="checkbox"/> I Don't Know
Physical Therapy	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Declassified	<input type="checkbox"/> I Don't Know
Speech or Language	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Declassified	<input type="checkbox"/> I Don't Know
Behavior	<input type="checkbox"/> No	<input type="checkbox"/> Diagnosed: _____		<input type="checkbox"/> Concerns: _____
Emotional	<input type="checkbox"/> No	<input type="checkbox"/> Diagnosed: _____		<input type="checkbox"/> Concerns: _____

**Has your child previously attended preschool?**  No  Yes (If yes please list the school (s) below)

School Name	Year(s) of Attendance	Grade	City, State
		PS	

### Photo Release

Yes  No I hereby grant the Cohoes City School District the absolute right and permission to use, reuse, copyright, and/or publish original student work, photographic pictures or video footage which includes/references me and/ or my children, in conjunction with an actual or a fictitious name. I understand this will be for the purpose of illustration, promotion, and public relations of school programs and may appear in printed material, video presentation, news coverage (both print and television) and/or on the district's web site.

### Student Record Updates

**It is very important that the school district receive updates to any of the information provided in this Student Registration Packet. Please contact the school your student is attending with new or changed information and submit the Change of Information form, which can be found at [www.cohoes.org](http://www.cohoes.org) or at your child's school, with supporting documents.**

### PARENT CERTIFICATION AND SIGNATURE

By signing this form, I acknowledge the responsibility of providing the district with accurate information.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



## Student Registration Form

**New York State Education Law requires all NEW ENTRANTS and students in Pre-K or K, 2nd, 4th, 7th and 10<sup>th</sup> grades to have a physical exam.** The District strongly recommends that your own physician conduct your child's health physical because he/she is most familiar with your child's development. We ask that your physician use the Health Appraisal form provided by the school or their own form and have it at the time of registration or return it to the school nurse of the building your child will attend. **If a physical form from your doctor/pediatrician is not returned within 30 days, your child will have to be examined by the school physician.**

A law was recently enacted that expands health screenings to include dental health of students in New York. The school can provide a certificate for you to take to your child's dentist and once it is completed, it should be returned to the School Nurse.

**\*Both the Health Appraisal Form and Dental Certificate can be printed from [www.cohoes.org/studentregistration](http://www.cohoes.org/studentregistration).**

Thank you for your cooperation in this new health endeavor. Our students benefit when we work together to promote the health and achievement of all students.

### Medical/ Health Information

**Health History-** If your child has had any of the following health problems or disease, please check below.

<input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Allergies ___Animals ___Bees ___Food: _____ ___Medications: _____ ___Seasonal ___Other <input type="checkbox"/> Anemia <input type="checkbox"/> Anxiety <input type="checkbox"/> Asthma	<input type="checkbox"/> Bone/Joint/Muscle Problems <input type="checkbox"/> Blood Disorders <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Chronic Ear Infections <input type="checkbox"/> Concussion, <i>date:</i> _____ <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Depression <input type="checkbox"/> Diabetes <input type="checkbox"/> Hearing Loss	<input type="checkbox"/> Heart Disease or Murmur <input type="checkbox"/> Hepatitis <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Leukemia <input type="checkbox"/> Lyme Disease, <i>date:</i> _____ <input type="checkbox"/> Migraines <input type="checkbox"/> Speech Problems <input type="checkbox"/> Strep <input type="checkbox"/> Surgery/Hospitalizations: _____	<input type="checkbox"/> Scarlet Fever <input type="checkbox"/> Seizure Disorders <input type="checkbox"/> Serious Injuries <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Vision Problems Last Vision Exam: _____ Glasses: ___Yes ___No
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Other Health Issue: \_\_\_\_\_

Comments: \_\_\_\_\_

**\*Please be aware that ANY medication taken in school requires a written order from a physician and written permission form a parent/guardian. (This includes over the counter/non-prescription medications)**

For the safety and wellbeing of your child, you must be accessible in the event of illness or injury. Notify the school **immediately** if any of the emergency numbers or contacts you provided change. Parents must pick up their child when the child is ill or injured. If parents are unable to do so, they must designate a responsible adult to pick up and attend to their child.

Your signature below allows us to share pertinent medical information in written form (name, diagnosis, symptoms of condition, proper treatment and actions for staff to take if necessary) with school staff. Also, please indicate whether your child will be wearing Medic-Alert information.

If you have any questions or concerns, please call your child's school Health Office.

**Abram Lansing:** Sandra Kipp, 237-5044 Ext. 3104  
**Harmony Hill:** Lisa Leblanc, 233-1900, Ext. 5225  
**Van Schaick:** Cheryl Barber, Ext. 4106

**Cohoes Middle School:** Patricia Scott, 237-4131, Ext. 2111  
**Cohoes High School:** Samantha McCullough, 237-9100, Ext. 1410

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

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



Lisette Colón-Collins, Assistant Commissioner  
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594  
Brooklyn, New York 11217  
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB  
Albany, New York 12234  
(518) 474-8775 / Fax: (518) 474-7948

## Home Language Questionnaire (HLQ)

*Dear Parent or Guardian:  
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.*

Please write clearly when completing this section.

<b>STUDENT NAME:</b>		
_____		
First	Middle	Last
_____	_____	_____
<b>DATE OF BIRTH:</b>		<b>GENDER:</b>
Month	Day	Year
_____	_____	_____
<b>PARENT/PERSON IN PARENTAL RELATION INFO:</b>		
_____		
_____	_____	_____
Last Name	First Name	Relation to Student

HOME LANGUAGE CODE

_____
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### Language Background (Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother	_____	<input type="checkbox"/> Father
		<i>specify</i>	<i>specify</i>
	<input type="checkbox"/> Guardian(s)	_____	
		<i>specify</i>	
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<input type="checkbox"/> Does not speak
			<i>specify</i>
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<input type="checkbox"/> Does not read
			<i>specify</i>
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<input type="checkbox"/> Does not write
			<i>specify</i>

### THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

<b>SCHOOL DISTRICT INFORMATION:</b>	<b>STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:</b>
Cohoes City School District (010500010000)	_____
7 Bevan St Cohoes, NY 12047	
<i>District Name (Number) &amp; School</i>	<i>Address</i>

## Home Language Questionnaire (HLQ)—Page Two

<b>Educational History</b>
8. Indicate the total number of years that your child has been enrolled in school _____
9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them. Yes*    No    Not sure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> *If yes, please explain: _____
How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes*    *Please complete 10b below
10b. *If referred for an evaluation, has your child ever <u>received</u> any special education services in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____
Age at which services received (Please check all that apply): <input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes
11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.) _____ _____ _____
12. In what language(s) would you like to receive information from the school? _____

_____ <i>Signature of Parent or of Person in Parental Relation</i>	Month: _____	Day: _____	Year: _____
_____ <i>Date</i>			
Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____			

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ	
NAME: _____	POSITION: _____
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:	
NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW	
NAME: _____	POSITION: _____
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ <small style="display: block; text-align: center;">MO.    DAY    YR.</small>	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
NAME: _____	POSITION: _____
DATE OF NYSITELL ADMINISTRATION: _____ <small style="display: block; text-align: center;">MO.    DAY    YR.</small>	PROFICIENCY LEVEL ACHIEVED ON NYSITELL: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: _____ _____	



**Community Eligibility Provision (CEP)/Provision 2 non-base year  
Household Income Eligibility Form**

**COHOES CITY SCHOOL DISTRICT** is participating in the Community Eligibility Provision (CEP) or Provision 2 in a non-base year. All children in the school will receive meals/milk at no charge regardless of household income or completion of this form. This form is to determine eligibility for additional State and federal program benefits that your child(ren) may qualify for. Read the instructions on the back, complete **only one** form for your household, sign your name and return it to the school named above. Call **518-237-1900 Ext. 1411**, if you need help.

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	No Income
			<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"/>

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. Skip to Part 5, and sign the application.

Name: \_\_\_\_\_ CASE # \_\_\_\_\_

3. Household Gross Income: List all people living in your household, how much and how often they are paid (weekly, every other week, twice per month, monthly). Do not leave income blank. If no income, check box. If you have listed a foster child above, you must report their personal income.

Name of household member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

4. Signature: An adult household member must sign this application.

I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school may receive federal funds. The school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Home Address \_\_\_\_\_

<b>DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY</b>		
<b>Annual Income Conversion (Only convert when multiple income frequencies are reported on application) Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12</b>		
SNAP/TANF/Foster Income	Total Household Income/How Often:	Household Size:
Free Eligibility	Reduced Eligibility	Denied Eligibility
<b>Signature of Reviewing Official</b>		

**PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE FORM FOR YOUR HOUSEHOLD.**

- (1) Print the names of the children, including foster children, for whom you are applying on one form.
  - (2) List their grade and school.
  - (3) Check the box to indicate a foster child living in your household, and check the box for each child with no income.
- 
- 

**PART 2 HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.**

- (1) List a current SNAP (Supplemental Nutrition Assistance Program), TANF (Temporary Assistance for Needy Families) or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. Do not use the 16-digit number on your benefit card. The case number is provided on your benefit letter.
  - (2) An adult household member must sign the form in PART 4. **SKIP PART 3** - Do not list names of household members or income if you list a SNAP, TANF or FDPIR number.
- 
- 

**PARTS 3 & 4 ALL OTHER HOUSEHOLDS MUST COMPLETE ALL OF PARTS 3 AND 4.**

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are completing the form for, all other children, your spouse, grandparents, and other related and unrelated people living in your household. Use another piece of paper if you need more space.
  - (2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.
- 
- 

**PRIVACY ACT STATEMENT**

**ALL INFORMATION IS HELD IN THE STRICTEST CONFIDENCE**