

Dear Parent/Guardian:



*Welcome to Parishville-Hopkinton Central School District!*

In order to ensure that the District has the most accurate and up-to-date information about your child, we have included the following information regarding the registration process.

**Instructions to Register a Student in the Parishville-Hopkinton Central School District:**

1. Parent/Guardian must print and complete one (1) registration packet per student. Packets can be obtained from the school website at [www.phcs.neric.org](http://www.phcs.neric.org) or from the high school office.
2. **It is important that packet(s) be completed BEFORE attending your registration appointment!**
3. Parent/Guardian must bring completed registration packet(s) AND the following documentation to registration appointment:
  - Parent/Guardian Photo I.D.
  - Birth certificate
  - Custody paperwork or proof of guardianship (if applicable)
  - Immunization records
  - Current physical no later than 12 months old signed by licensed physician
  - Previous school records or completed records release form (included in this packet)
  - Proof of residency: (one of the following required)

Homeowners - original tax bill, title, mortgage statement, or piece of mail

OR

Renters - original lease (Parent/Guardian's name must appear on this lease) or piece of mail

OR

Living with a homeowner or renter of the District - Resident of the District must provide a letter stating that you and your child(ren) reside at such address, along with proof of residency above.

**Please note: All of the above documentation is required to complete the registration process.**

**PARISHVILLE-HOPKINTON CENTRAL SCHOOL DISTRICT  
ENROLLMENT OFFICE**

P.O. Box 187  
Parishville, NY 13672

Phone: (315) 265-4642  
Fax: (315) 268-1309

**RECORDS TRANSFER REQUEST FORM**

*Must be filled out even if previous school records are hand carried.*

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

Parent/Legal Guardian \_\_\_\_\_ hereby authorizes

\_\_\_\_\_  
*Previous School*

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

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

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

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

\_\_\_\_\_  
*Phone:*

\_\_\_\_\_  
*Fax:*

To release and/or exchange a copy of all academic and confidential information pertaining to the above student including:

**SEND RECORDS TO THE ABOVE ADDRESS OR FAX, ATTENTION STACIE RICHARDSON**

- Academic Information
- Standardized Test Results
- Health and Attendance Records
- CSE/Psychological Records
- Birth Certificate
- Custody Information
- Discipline Records
- Screening Information

*According to the Final Regulations - Family Educational Rights and Privacy Act (Buckley Amendment) dated June 17, 1976, it is no longer necessary to obtain written consent to release records between schools. It states that school officials, including teachers within an educational institution and officials in school systems in which the student intends to enroll, may receive a student's record without a written consent for such release.*

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

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**PUPIL REGISTRATION FORM**

Student Name: \_\_\_\_\_ Registration Date: \_\_\_\_\_  
Year student first entered kindergarten: \_\_\_\_\_ Grade level repeated (if any): \_\_\_\_\_  
Last school attended: \_\_\_\_\_  
Grade: \_\_\_\_\_ School Year: \_\_\_\_\_ City/State: \_\_\_\_\_

Is your child presently under a suspension order from any other school district?  Yes  No  
If yes, name of school district \_\_\_\_\_

Have you ever attended Parishville-Hopkinton School before?  Yes  No

Have you ever received any of the following services? (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Special Ed.(Resource Room, Option Programs) | <input type="checkbox"/> Occupational Therapy   |
| <input type="checkbox"/> Vocational Education (BOCES)                | <input type="checkbox"/> Physical Therapy       |
| <input type="checkbox"/> Individualized Education Program (IEP)      | <input type="checkbox"/> Speech Therapy         |
| <input type="checkbox"/> 504 Plan                                    | <input type="checkbox"/> School Counseling      |
| <input type="checkbox"/> Academic Intervention Services              | <input type="checkbox"/> Other (explain): _____ |
| <input type="checkbox"/> Gifted/Talented Services                    |   |

Is a second parent to receive school related information?  Yes  No  
If yes, please include a second parent name and address:

\_\_\_\_\_  
*Name*  
\_\_\_\_\_  
*Address*  
\_\_\_\_\_  
*City State Zip*

\_\_\_\_\_  
Signature of Parent/Legal Guardian Date

FOR OFFICE USE ONLY: Student ID#: \_\_\_\_\_ Planned Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Main Office Teacher \_\_\_\_\_ Nurse Guidance Library Bus Garage Cafeteria CSE

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FOR OFFICE USE ONLY:  
Student ID#: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Teacher/Home Room: \_\_\_\_\_

**EMERGENCY INFORMATION SHEET – 2015-2016**

**Student Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

Gender:  M  F Date of Birth: \_\_\_\_\_

Resident Street Address: \_\_\_\_\_

Resident Mailing Address (if different than street address): \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Bus# / Driver: \_\_\_\_\_

Birth City/State: \_\_\_\_\_ Country: \_\_\_\_\_

Language Spoken at Home:  English  Other (specify): \_\_\_\_\_

**Is there a current custody arrangement?**  Yes  No

*If yes, custody paperwork needs to be provided.*

*If changes occurs at ANY time during school year, updated documentation is required.*

**Parent/Guardian 1:** \_\_\_\_\_ Legal Guardian:  Yes  No Receives Mail:  Yes  No

Relationship to Student: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Lives in household:  Yes  No If no, Resident Address: \_\_\_\_\_

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

Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Parent/Guardian 2:** \_\_\_\_\_ Legal Guardian:  Yes  No Receives Mail:  Yes  No

Relationship to Student: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Lives in household:  Yes  No If no, Resident Address: \_\_\_\_\_

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

Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Sibling(s) (in household)**

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

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

**Emergency Contact Information**

Person(s) to contact if parent not available & to whom we may release your child to:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Phone No.: \_\_\_\_\_

If there is an **early dismissal**, child should be sent to: \_\_\_\_\_

address: \_\_\_\_\_

Medication and/or special medical needs to share with staff: \_\_\_\_\_

Permission to (please check):  Provide Treatment  Call Ambulance  Call Doctor

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

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**STUDENT RACIAL AND ETHNIC IDENTIFICATION LETTER**

To Parents/Guardians:

In accordance with federal categories and definitions, the Parishville-Hopkinton Central School District is required to collect and record ethnic identity of students in the district. The information will be used to:

- Report information to the State and federal Education Departments.
- Plan educational programs and make sure that they are readily available to all students.
- Study the movement of students in different ethnic groups as they move from school to school.
- Analyze differences in academic performance, attendance, and completion of school.

We need your help in order to accomplish this task. Please review the Racial/Ethnic definitions. Put a check ( ) in the box for the category or categories which best describe your child. The Parishville-Hopkinton Central School District understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential in accordance with all State and federal student privacy laws and regulations. If the information requested is not provided on this form on behalf of your child, a student records officer from the school or district will be required to identify the group to which the student appears to belong, identifies with, or is regarded in the community as belonging. Thank you for your cooperation.

**CONFIDENTIALITY PROCEDURES AND REGULATIONS**

To School Staff: this form will be filed in the student's permanent record as confidential information.

To the Parent/Guardian: the information which you have provided on this form is confidential. It is protected by the Confidentiality Regulations cited below:

The Family Educational Rights and Privacy Act (1974) prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number.

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**STUDENT RACIAL AND ETHNIC IDENTIFICATION FORM**

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.

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

**PLEASE ANSWER BOTH QUESTIONS (1) and (2). PLEASE READ THEM BEFORE YOU RESPOND.**

**1. Is your child Hispanic, Latino, or of Spanish origin?** (Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.) **Check (✓) the one box that best describes your child:**

Yes, Hispanic

No, not Hispanic

**2. Select one or more races from the following five racial groups. Check (✓) at least one box but choose all groups that apply to your child:**

**AMERICAN INDIAN OR ALASKA NATIVE:** a person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition (i.e. Cherokee, Mohawk, Inuit).

**ASIAN:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**BLACK:** a person having origins in any of the black racial groups of Africa.

**WHITE:** a person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

\_\_\_\_\_  
Signature of Parent/Guardian/Other

\_\_\_\_\_  
Date

Relationship to Student (please check one):  Mother  Father  Guardian  Other: \_\_\_\_\_

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**STUDENT RESIDENCY QUESTIONNAIRE**

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

Address: \_\_\_\_\_

During the time the student resides at the current location, who is responsible for:

(a) Receiving and responding to academic and other reports concerning the student?  
\_\_\_\_\_

(b) Making decisions regarding the Student's education?  
\_\_\_\_\_

(c) Releasing records for the Student?  
\_\_\_\_\_

(d) Providing other necessary consents for the Student?  
\_\_\_\_\_

*The answers you give below will assist the district in determining what services you or your child may be able to receive under the McKinney-Vento Act 42 U.S.C. 11435. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they do not have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate.*

**Answer both questions 1 and 2 below:**

1. Is your current address a temporary living arrangement? Yes No

2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes No

**If you answered Yes to Questions 1 and 2, please complete Question 3. If you answered No, skip Question 3.**

3. Where is the student presently living? (Please check **only one** box)

In a hotel/motel

In a shelter

With another family or other person (sometimes referred to as "doubled-up")

Moving from place to place

In a place not designated for ordinary sleeping accommodations, such as a car, park, or campsite

**I certify that all the information I provided is true and accurate.**

**I understand that :**

**if I provide false information to the Parishville-Hopkinton Central School District, I may be committing the crime of perjury in the third degree (a class A misdemeanor);**

**if I provide false information to the Parishville-Hopkinton Central School District with the intent to defraud the Parishville-Hopkinton Central School District, I may be committing the crime of perjury in the second degree (a class E felony); and**

**I may be prosecuted on criminal charges for such false information.**

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

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**PHOTO/VIDEO PERMISSION 2015-2016**

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

Address: \_\_\_\_\_

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

Gender:  Male  F Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Throughout the school year, photographs or videos may be taken of activities or events, which may be displayed on school walls or used on the school website or in newspapers.

- I give permission for my child's photo to be used in any publicity regarding Parishville-Hopkinton Central School, both on school walls, on the school website, and in newspapers.
- I **DO NOT** give permission for my child's photo to be used on the school website or in newspapers, but do allow them to be displayed on school walls.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date



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STUDENT HEALTH HISTORY FORM

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Lives with: \_\_\_\_\_

I give permission for the School Nurse to share medical information with appropriate teachers and staff as needed.

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

ALLERGIES:

To Medicine: \_\_\_\_\_

To Foods: \_\_\_\_\_

Other: \_\_\_\_\_

OPERATIONS:

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

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

SERIOUS INJURIES:

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

SERIOUS ILLNESSES:

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

Is there anything concerning your child's health which the school should be aware of? \_\_\_\_\_

\_\_\_\_\_

Has your child had:

	Yes	No	Explanation
Frequent Colds	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ear Conditions	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	_____
Epilepsy/Seizures	<input type="checkbox"/>	<input type="checkbox"/>	_____
Kidney/Urinary Problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
Head Injury/Concussion	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fractures/Dislocations	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vision Problems/Loss	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing Problems/Loss	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____
ADD/ADHD	<input type="checkbox"/>	<input type="checkbox"/>	_____

Does your child take medications regularly? \_\_\_\_\_

\*Please contact the School Nurse if you would like to discuss any health concerns in person.

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



**Parishville-Hopkinton Central  
2015-2016 Application for Free and Reduced Price School Meals/Milk**

To apply for free and reduced price meals for your children, read the instructions on the back, complete **only one** form for your household, sign your name and return it to **KATHY WHITMARSH/CAFETERIA MANAGER**. Call **315-562-8130 EXT 1507**, if you need help. Additional names may be listed on a separate paper.

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. If any child you are applying for is homeless, migrant or a runaway, please call this number: Melissa Scudder  
 Homeless    Migrant    Runaway     *(Homeless Liaison/Migrant Education Coordinator)*

4. 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"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

5. Signature: An adult household member must sign this application and provide the last four digits of their Social Security Number (SS#), or mark the "I do not have a SS# box" before it can be approved.

I certify (promise) that all of the information on this application is true and that all income is reported. I understand that the information is being given so the school will get 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: \_\_\_\_\_ Last Four Digits of Social Security Number: \*\*\*-\*\*-\_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Address \_\_\_\_\_

I do not have a SS# <input type="checkbox"/>
--

**DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY**

**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

- SNAP/TANF/Foster
- Income Household: Total Household Income/How Often: \_\_\_\_\_ / \_\_\_\_\_ Household Size: \_\_\_\_\_
- Free Meals  Reduced Price Meals      Denied/Paid
- Signature of Reviewing Official \_\_\_\_\_ Date Notice Sent: \_\_\_\_\_

## APPLICATION INSTRUCTIONS

To apply for free and reduced price meals, submit a Free Meals/Milk Eligibility Letter received from the Office of Temporary and Disability Assistance OR complete only one application for your household using the instructions.. Sign the application and return the application to **David Gravlin**. If you have a foster child in your household, you may include them on your application. A separate application is no longer needed. Call the school if you need help: **315-264-4642, Ext. 412**. Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

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

- (1) Print the names of the children, including foster children, for whom you are applying on one application.
- (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.

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### **PART 2 HOUSEHOLDS GETTING FOOD STAMPS, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 5.**

- (1) List a current Food Stamp, TANF 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 application in PART 5. SKIP PART 4. Do not list names of household members or income if you list a food stamp case number, TANF or FDPIR number.

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### **PART 3 Before completing an application for a child who may be homeless, a migrant education student, or a runaway, please call your school's homeless liaison or migrant education coordinator at this number:**

**Melissa Scudder, 315-265-4642, Ext. 410**  
*(Homeless Liaison/Migrant Education Coordinator name and Phone Number)*

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### **PARTS 4 & 5 ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 5.**

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people 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.
- (3) The application must include the last four digits only of the social security number of the adult who signs **PART 5** if Part 4 is completed. If the adult does not have a social security number, check the box. If you listed a food stamp, TANF or FDPIR number, a social security number is not needed.

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**OTHER BENEFITS:** Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). In order to determine if your child is eligible, program officials need information from your free and reduced price meal application. Your written consent is required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

### **PRIVACY ACT STATEMENT**

Privacy Act Statement: This explains how we will use the information you give us.

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

### **DISCRIMINATION COMPLAINTS**

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

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