

# PAUL SCHOOL

## REGISTRATION REQUIREMENTS CHECKLIST FORM

- **Proof of Immunization** – Minimum requirements, State of New Hampshire

### *DTP/DT/DTaP/Td/Tdap:*

<7 years old: Four or five doses, last dose after age 4

>7 years old: Three or four doses with last dose after age 4

11 years and older and 5 years since last tetanus - Tdap or (Td)

### *POLIO*

Grades K-12: Three doses with last dose after age 4 of all IPV or OPV, or four doses of combination of IPV and OPV

### *MEASLES-MUMPS-RUBELLA*

All students: Two doses of MMR

### *HEPATITIS B*

All students – Three doses

### *VARICELLA (Chicken Pox)*

Grades K-2: Two doses of vaccine or laboratory confirmation of immunity

Grade 3: Two doses of vaccine or history of disease

Grades 4-5: One dose of vaccine or a history of the disease

Grades 6-8: Two doses of vaccine or a history of the disease

\*All above immunizations need to be given at acceptable intervals according to State law.

- **Physical Exam** - By your medical provider within the last 12 months for kindergarten or a previous school health record showing evidence of a physical exam.
- **Copy of Birth Certificate** - May be included in transferred student record. Child must be 5 years old on or before September 30<sup>th</sup> to enter kindergarten.
- **Proof of Residency** – Complete enclosed form and submit proper documentation (example on residency form)
- **Copy of Parents Photo ID**
- **Court Documents** - Any guardianship paperwork, parenting plans, custodial orders
- **Other Court orders** - That you think are pertinent to the students' success in school.

PAUL SCHOOL  
REGISTRATION FORM  
- NEW STUDENTS -

Student's Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Gender:  M  F Grade Level: \_\_\_\_\_

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

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

Parent's Marital Status:  Married  Single  Divorced  Separated

Student lives with:  Both Parents  Mother  Father  Joint Custody  Other (specify)

Address of a Parent who may not live in the primary household \_\_\_\_\_

Who has court ordered *residential responsibility* of the children? \_\_\_\_\_

Are there any court ordered custody agreements?  Yes  No

Are there any current court orders limiting the rights of the non-custodial parent to access your child, and/or your child's school records?  Yes  No (If Yes, please provide copies as soon as possible)

Mother/Guardian: \_\_\_\_\_ Father/Guardian: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work/Day Phone: \_\_\_\_\_ Work/Day Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Does the student have siblings in the same school district? (If yes, please list names and ages):

\_\_\_\_\_  
\_\_\_\_\_

Does your child receive any special services?  IEP  Speech  Health Services

OT/PT  Title I  Counseling  504 Plan

If yes, please describe: \_\_\_\_\_

Previous school attended (if any): \_\_\_\_\_ Grade \_\_\_\_\_

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

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

# PAUL SCHOOL

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Last) (First) (Middle)

## ETHNICITY

Dear Parents,

Under State law, we are required to ask you about the ethnicity and race of your child. Please check the following description which best describes how you would define your child:

**Please select one or more of the following:**

- American Indian/Alaska Native
- Asian
- Black
- Native Hawaiian or Pacific Islander
- White
- Hispanic/Latino



### Home Language Survey (HLS)

**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
<input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>PARENT/PERSON IN PARENTAL RELATION INFO:</b>		
Last Name	First Name	Relation to Student

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"/> Guardian(s) _____	<input type="checkbox"/> Father _____ <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 SASID</b>
School Name _____ Address _____	

# Home Language Survey (HLS)—Page Two

## Educational History

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  \*If yes, please explain: \_\_\_\_\_

How severe do you think these difficulties are?  Minor  Somewhat severe  Very severe

10a. Has your child ever been referred for a special education evaluation in the past?  No  Yes\* \*Please complete 10b below

10b. If referred for an evaluation, has your child ever received any special education services in the past?  
 No  Yes - Type of services received: \_\_\_\_\_

Age at which services received (Please check all that apply):  
 Birth to 3 years (Early Intervention)  3 to 5 years (Special Education)  6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)?  No  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? \_\_\_\_\_

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Relationship to student:  Mother  Father  Other: \_\_\_\_\_

### OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLS

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

### NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLS AND CONDUCTING INDIVIDUAL INTERVIEW

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

ORAL INTERVIEW NECESSARY:  NO  YES

\*\*DATE OF INDIVIDUAL INTERVIEW: \_\_\_\_\_  
 MO. DAY YR.

OUTCOME OF INDIVIDUAL INTERVIEW:  ADMINISTER STATE APPROVED WIDA Screener  
 NOT ELIGIBLE FOR EL SERVICES

### NAME/POSITION OF NH ESOL AND WIDA CERTIFIED PERSONNEL ADMINISTERING WIDA SCREENER

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

DATE OF WIDA SCREENER ADMINISTRATION: \_\_\_\_\_  
 MO. DAY YR.

PROFICIENCY LEVEL ACHIEVED ON WIDA SCREENER:

Overall Composite Score: \_\_\_\_\_  
 Does the student qualify for EL support?  No  Yes

Please attach a copy of the student's WIDA screener score report and file in student's cumulative folder.

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP:

PAUL SCHOOL  
SCHOOL MESSENGER CALL SYSTEM

This form is used by our electronic notification system for delays, cancellations and/or notifications. When we cancel school or have a delay, calls are generally made as early as 5:00AM. Please do not put anyone's phone number on here without prior permission first. The system will not generate phone calls to numbers with extensions. PLEASE PRINT CLEARLY

Student's Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_

1. Home Number \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Type \_\_\_\_\_

2. Primary Number \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Type \_\_\_\_\_

3. Secondary Number \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Type \_\_\_\_\_

Email Address \_\_\_\_\_ Relationship \_\_\_\_\_

Email Address \_\_\_\_\_ Relationship \_\_\_\_\_

- Would you like to use the above email addresses as a source to receive school information, such as the Wakefield Weekly, upcoming events, lunch menus, etc.
- No, I will access information on our school website

Wakefield Public School District  
FAMILY RESIDENCY FORM

SAU #101

**STUDENT INFORMATION (list all children living in the home under the age of 21):**

Student Name	Date of Birth	Grade	School Attending		
_____	_____	_____	<input type="checkbox"/> Paul School	<input type="checkbox"/> Spaulding	<input type="checkbox"/> Kingswood
_____	_____	_____	<input type="checkbox"/> Paul School	<input type="checkbox"/> Spaulding	<input type="checkbox"/> Kingswood
_____	_____	_____	<input type="checkbox"/> Paul School	<input type="checkbox"/> Spaulding	<input type="checkbox"/> Kingswood
_____	_____	_____	<input type="checkbox"/> Paul School	<input type="checkbox"/> Spaulding	<input type="checkbox"/> Kingswood

\* If Spaulding has been selected, Wakefield will provide them with proper Proof of Residency, if it has been provided to us.

**CONTACT INFORMATION**

Mother/Guardian:		Father/Guardian:	
_____		_____	
Last	First	Last	First

**ADDRESS INFORMATION (of parent with residential responsibility)**

Who has residential responsibility of the child(ren)?  Both Parents  Mother  Father

PRIMARY (PHYSICAL) ADDRESS AT WHICH CHILD(REN) RESIDE:

Physical Address: \_\_\_\_\_  
Street City State Zip

MAILING ADDRESS (if different from primary):

Mailing Address: \_\_\_\_\_  
Street City State Zip

Where is your child/family currently living? (Please check the appropriate box)

- Single family residence in Wakefield (house, apt., condo, etc.)
- Temporary residence while building or looking for a home
- Doubled-Up (sharing housing with another family due to economic hardship)
- In a shelter or transitional housing program
- Unsheltered (car/campsite)
- Motel/Hotel  Foster Home  Other \_\_\_\_\_

In order to satisfy the districts annual residency requirements, the parent, guardian or court appointed legal guardian must provide photocopies of one (1) of the following items printed with the physical address as proof of residency **EVERY year. Please attach it to this form!**

- \* Property Tax Statement
- \* Rental/Lease Agreement
- \* Other \_\_\_\_\_
- \* Notarized Residency Statement (Doublers)
- \* Utility Bill (electric, propane, gas, cable)

I hereby certify that all the information provided on this form is true and complete to the best of my knowledge.

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

\_\_\_\_\_  
Date

## PAUL SCHOOL FIELD TRIP RELEASE FORM - BLANK APPROVAL

On occasion, classes may visit the Gafney Library, Police and Fire Station, Town Hall or may explore the woods around the Paul School. Rather than send a permission slip home each time we walk downtown, we ask that you sign this permission slip granting your approval for your son/daughter to join us when we go to the center of Sanbornville. Prior to each trip, we will send home a notice explaining the purpose for the trip, but you will not be asked to sign one each time. You will be asked to sign a permission slip for any trip other than to the center of Sanbornville.

<b>Student:</b>	<b>Home Phone:</b>	<b>DOB:</b>
<b>Parent's Name:</b>		<b>Daytime Phone:</b>
<b>Medical Information</b>		
Does the participant have any of the following? (If yes, explain below. Use back if necessary)		
<input type="checkbox"/> Special Diet	<input type="checkbox"/> Chronic/Recurring Illness	<input type="checkbox"/> Surgery or serious illness in past year
<input type="checkbox"/> Allergies	<input type="checkbox"/> Medication	<input type="checkbox"/> Physical condition that limits activity

In consideration of permission granted my son/daughter by the Wakefield School District to participate in the aforementioned activity, I hereby release and discharge the Wakefield School District, its successors or assigns, for all personal injuries, known or unknown, and injuries to property, caused by, or arising out of the above named activities.

I am aware that participation in this program may present strain on my child's body, or its parts and therefore I represent to the school district that to the best of my knowledge my child is in proper physical condition to allow him/her to participate and that I assume the risk of participating.

I understand that in case of injury or illness, I will be notified. If it is impossible to contact me and it is an emergency, I hereby give permission to the attending physician to treat, hospitalize, administer anesthesia or to order injections or surgery for the safety of my child.

If my child is already taking medication, I will be responsible for administration of medication or will instruct the teacher, as needed, in administration of the medication.

I, the undersigned, have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance. I have executed this release on the date indicated next to my name.

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

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



## First Student Transportation

121 Whitehouse Rd  
Rochester NH 03867  
603-692-4406  
Fax: 603-69-4327

Email: [paula.tibero@firstgroup.com](mailto:paula.tibero@firstgroup.com)

### REQUEST FOR BUS TRANSPORTATION

#### Personal Information:

Parent's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

#### Public School Information:

School: \_\_\_\_\_

#### Daycare Information:

Name of Daycare: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

#### Schedule:

Monday A.M. \_\_\_\_\_ Monday P.M. \_\_\_\_\_  
Tuesday A.M. \_\_\_\_\_ Tuesday P.M. \_\_\_\_\_  
Wednesday A.M. \_\_\_\_\_ Wednesday P.M. \_\_\_\_\_  
Thursday A.M. \_\_\_\_\_ Thursday P.M. \_\_\_\_\_  
Friday A.M. \_\_\_\_\_ Friday P.M. \_\_\_\_\_

Specify any special situations: \_\_\_\_\_  
\_\_\_\_\_

Start Date: \_\_\_\_\_ Bus # \_\_\_\_\_

#### Guidelines:

1. This request will be granted if the following conditions apply: the drop off is located within the school district boundaries and there is room on the school bus for the student.
  2. The parents/guardians and the student understand that while on the school bus, the child is required to follow the school district's transportation guidelines.
  3. Without this authorization, my child will not be able to ride a bus other than the one to which he/she is assigned.
- If you have any questions, please contact Paula Tiberio at First Student Transportation at 742-5984.

For Office Use Only:  
Verify space is available \_\_\_\_\_

Update student roster \_\_\_\_\_

## FERPA Annual Notification

### Family Educational Rights and Privacy Act (FERPA)

Under FERPA, a school must annually notify parents of students in attendance of their rights under FERPA. The annual notification must include information regarding a parent's right to inspect and review his or her child's education records, the right to seek to amend the records, the right to consent to disclosure of personally identifiable information from the records (except in certain circumstances), and the right to file a complaint with: Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Ave. S.W., Washington, DC 20202-5920 regarding an alleged failure by a school to comply with FERPA.

### Notice for Directory Information

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, **can be disclosed to outside organizations without a parent's prior written consent.** Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the Elementary and Secondary Education Act of 1965, as amended (ESEA) to provide military recruiters, upon request, with the following information – names, addresses and telephone listings – unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent.

The *Family Educational Rights and Privacy Act* (FERPA), a Federal law, requires that **Wakefield School District**, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, **Wakefield School District may disclose appropriately designated "directory information" without written consent, unless you have advised the Wakefield School District to the contrary** in accordance with Wakefield School District procedures. The primary purpose of directory information is to allow the **Wakefield School District** to include information from your child's education records in certain school publications. Examples include:

- A playbill, showing your students role in a drama production;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and
- Sports activity sheets, such as a lineup of team members.

**If you do not want Wakefield School District to disclose any or all the types of information designated below as directory information from your child's education records without your prior written consent, you must send your request in writing to the Paul School Principal by September 30<sup>th</sup>.** Wakefield School District has designated the following information as directory information:

- Student's name;
- Photograph; posted on our website, social media and email
- Grade level;
- Participation in officially recognized activities and sports;
  - Degrees, honors, and awards received.

# PAUL SCHOOL

## NOTICE TO STUDENTS AND PARENTS REGARDING THE USE OF AUDIO/VIDEO RECORDERS ON SCHOOL BUSES

The Wakefield School District has installed audio/video recording equipment on all school buses to monitor school transportation and will be audio/videotaping bus routes during the school year.

Tapes may be reviewed at any time by the transportation coordinator, principal and assistant principal, or superintendent. Evidence of student misconduct will be documented. Students found to be in violation of any law, school or bus rule, will be notified and disciplinary action will be initiated under the guidelines contained in the district's discipline procedures.

Audio/videotapes will be treated as protected student records under the Family Educational Rights and Privacy Act.

The following guidelines will apply (per RSA 570 A:2):

1. Tapes will remain in the custody of the Wakefield School District for up to 10 school days.
2. Parents of students who wish to view an audio/videotape in response to disciplinary action taken against a student, may request such access under the district's approved disciplinary procedures. Only the portion of the audio/video pertaining to the student's infraction may be viewed.
3. Persons unrelated to a disciplinary incident will not be permitted to listen to/view



### ACKNOWLEDGMENT

I understand and acknowledge the district's procedure concerning the use of audio/video recorders on school buses. I also understand that my child, \_\_\_\_\_, will be held accountable for his/her conduct on district transportation and for the consequences outlined in the district's discipline procedures for district approved student transportation.

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

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

**PAUL SCHOOL  
EMERGENCY INFORMATION FORM**

**(2 Sided form)**

Student's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

- o Contact 1 (*parent/guardian*): \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Phone Type: \_\_\_\_\_
- o Contact 2: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Phone Type: \_\_\_\_\_
- o Contact 3: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Phone Type: \_\_\_\_\_

Siblings also attending Paul School: \_\_\_\_\_  
\_\_\_\_\_

Child Care Provider: \_\_\_\_\_ Phone #: \_\_\_\_\_

**MEDICAL INFORMATION**

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Does the student have any medical conditions that should be noted?  Yes  No

Explain \_\_\_\_\_

1. Is the student taking any medications regularly?  Yes  No
2. Had any diseases, accidents, tests or immunizations during the past year?  Yes  No
3. Presently on any medication, or health concerns - allergies, physical limitations, illnesses?  Yes  No
4. Do you have any concerns for your child's vision or hearing?  Yes  No
5. If you answered "yes" to questions 1-4 please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you grant permission to share medical information regarding the student with appropriate staff members on a need to know basis?  
 Yes  No

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me or the person whose names I have given, I hereby authorize the school to make any arrangements that seem necessary, including taking my child to the hospital or outpatient department for treatment.

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

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

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

**PAUL SCHOOL**  
**MEDICATION AND TREATMENT FORM**  
**(2 sided form)**

Dear Parent/Guardian,

In order to provide more comprehensive health services to your child, we would like to be able to use a limited amount of over-the-counter medications. To do this, we need permission from you.

**Student's Full Name:** \_\_\_\_\_

- I **GIVE PERMISSION** to the nurse, or nurse designee, to apply over-the-counter topical medication to my child. This may include Bacitracin, Neosporin ointment, Hydrocortisone cream, 1%, topical antiseptics such as Anbesol, Caladryl Calagel, and Aloe-Vera gel.

**PLEASE CHECK ALL THAT APPLY:**

- Acetaminophen (Tylenol) for pain/headache/fever as directed on label
  - Ibuprofen (Advil, Motrin) for pain/headache/fever as directed on label
  - Calcium Carbonate antacid(Tums) for indigestion as directed on label
  - Cough drops - **provided by parents in original container** given as directed on label
  - Diphenhydramine (Benadryl) for allergy reactions as directed on label
- I **DO NOT** give permission to have my child receive topical treatment at school.

You may withdraw permission for the above treatments at any time. Please notify our School Nurse to do so.

I authorize the school to assist my child in taking medication and agree that we will not hold liable any member of the school staff or administration who is directed by us, and the school administration, to assist my child in taking the above medication.

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

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

\_\_\_\_\_  
*Parent/Guardian (PRINT)*

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

PAUL SCHOOL  
SCHOOL HEALTH SERVICES FORM  
*(To be completed by physician)*

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

General Condition: \_\_\_\_\_ Nose/Throat: \_\_\_\_\_

General Nutrition: \_\_\_\_\_ Teeth/Gums: \_\_\_\_\_

Posture: \_\_\_\_\_ Orthopedic: \_\_\_\_\_

Ears/Hearing: \_\_\_\_\_ Eyes/Vision: \_\_\_\_\_

Skin: \_\_\_\_\_ Glands: \_\_\_\_\_

Lungs: \_\_\_\_\_ Heart/Pulse: \_\_\_\_\_

Murmurs: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Abdomen: \_\_\_\_\_ Nervous System: \_\_\_\_\_

Emotional Status: \_\_\_\_\_ Urine/Genitalia: \_\_\_\_\_

HGB/HCT: \_\_\_\_\_ Speech: \_\_\_\_\_

Is this student currently under medical care?       Yes     No    If so, for what reason? \_\_\_\_\_

Is this student currently taking medication?       Yes     No    If so, what medication & how often?  
\_\_\_\_\_  
\_\_\_\_\_

Does this student have any physical disability?      Please specify: \_\_\_\_\_

Does this student have any limitations of restrictions to full participation in school activities including physical education?  
 Yes     No

Please specify: \_\_\_\_\_

Physician's Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach an immunization record to this form. List any additional immunizations given at the time of the exam if not included on the attached form.  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Physician's Signature*

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

# Chromebook Student/Parent Policy Agreement

## 1. Receiving a Device

- a. One Chromebook, charger, and case are being loaned to the Student and are in good working order. The Student acknowledges and agrees that the Student's use of the Paul School is a privilege and that by the Student's agreement of the terms hereof, the Student acknowledges the Student's responsibility to protect and safeguard the district Property and to return it in the same good condition upon request by Paul School.
- b. Parents and students must sign and return this agreement before the Chromebook can be issued to the student.
- c. Chromebooks will be collected at the end of each school year, on a date to be determined, so they can be checked for serviceability and to be stored for the summer. Whenever possible the student will get the same Chromebook for each year they attend Paul School.
- d. There will be no cost for students unless there is intentional damage or neglect.

## 2. Device Ownership and Responsibility

### 2.1 Ownership

1. The Chromebook is owned by the school district and will remain the property of Paul School and is loaned to the student for educational purposes only for the academic school year.
2. Students who terminate enrollment at Paul School for any reason must return their Chromebook, its case, its power cord and headphones.
  - a. If a student fails to return the Chromebook and accessories upon termination of enrollment she/he will be billed for a replacement unit, accessories, and shipping costs.

### 2.2 Care and Responsibility

1. The student is responsible for the general care of the Chromebook that has been issued by the school.
2. Chromebooks that are broken or fail to work properly must be taken to the main office, for a loaner.
  - a. Chromebooks that can be repaired on the spot will be repaired and returned to the student. In some cases a loaner may be issued for the duration of the repair.
  - b. Students will not attempt to disassemble any part of their or anyone else's Chromebook nor will they attempt any repairs.
  - c. Any cost associated with the repair or replacement of a unit that is due to intentional damage will be the responsibility of the student/family.
3. Screen Care - Do not place anything on your case that could put pressure on the screen, do not lean on the screen at any time. Only use a soft clean cloth to clean the screen. DO NOT USE cleaners of any type.

4. Chromebooks that are lost or stolen must be reported immediately to the Principal. If a theft occurred at school or at a school related event or activity please report to your principal. The school will provide a replacement Chromebook and any cost associated with the replacement of the unit will be the responsibility of the student/family.
5. Lost power adapters will be replaced by the school and any cost associated with the replacement will be the responsibility of the student/family.
6. Identification labels have been placed on the Chromebooks. These stickers must not be removed or modified. If they become damaged or missing contact the main office.
7. Any attempt to alter data, the configuration of a Chromebook, or the files of another user, without the consent of the individual, building administrator, or technology administrator, will be considered an act of vandalism and subject to disciplinary action in accordance with the student handbook and other applicable school policies.
8. Chromebooks must remain free of any writing, drawing, stickers or labels that are not the property of Paul.
9. The student is responsible for keeping the Chromebook's battery charged in preparation for each school day. Loaner Chromebooks will NOT be provided for uncharged Chromebooks, but we will have a limited number of loaner chargers.
10. The student must bring the Chromebook to school every day. A loaner will NOT be provided to those who forget. Repeat violations of this policy will result in disciplinary action.
11. The Chromebook is school property and all users must follow this policy and the Acceptable Use Policy for Technology that is located in the Student handbook.
12. Chromebooks may be inspected at any time.
13. GoGuardian is software used to maintain connection to the device and student's academic needs. This is not to be removed or changed for any reason, those in violation will result in disciplinary action or actions.

### **2.3 General Precautions**

1. The Chromebook should be in its carrying case when transported or not in use. Only the Chromebook and charger should be in the carrying case. If the carrying case is in your backpack be sure not to throw your backpack or put anything heavy on top of it.
2. Do not drink or eat while using the Chromebook as liquid spilled on the keyboard will damage the computer.
3. When not using the Chromebook, always store it in a secured location.
4. Chromebooks and chargers should be taken home every night.
5. Chromebooks must never be left in an unlocked locker, an unlocked car or any unsupervised area.



### 3. Using the Chromebook

1. You must bring the Chromebook to school every day with a fully charged battery.
2. Login to the Chromebook is restricted to one user. The Student agrees not to make attempts to change this.
3. Your teachers will determine whether or not use of the Chromebook is appropriate for the day's lesson, and it is up to their discretion as to when it is used. Inappropriate media may not be used as background images, screensavers or profile pictures. Use of such material may result in disciplinary actions and/or loss of privileges.
4. Sound and music must be muted at all times in class unless permission is obtained from the teacher for instructional purposes.
  - a. If used in the Media Center, or other public areas, headphones must be used.
5. The District property may only be used in accordance with District's policies and rules (Policy EHAA), as well as local, state, and federal statutes.
6. The Paul School network is provided for the academic use of all students and staff. The student agrees to take no action that would interfere with the efficient, academic use of the network.
7. An email account will be available for each student to use for appropriate, academic communication.

## Student Responsibilities

Your device is an important learning tool and is to be used for educational purposes only. In order to take your device home each day, you must be willing to accept the follow responsibilities:

- When using the device at home, at school, and anywhere else I may take it, I will follow the policies of Paul School, especially the Acceptable Use and Internet Safety Policy (Policy EGA-R), and abide by all local, state, and federal laws.
- I will treat the device with care by not dropping it, getting it wet, leaving it outdoors, or using it with food or drink nearby, and I will keep my device in my school-issued protective case at all times.
- I will not lend the device to anyone, not even my friends or siblings; it will stay in my possession at all times.
- I will not load any software or applications onto the device that is deemed inappropriate.
- I will not remove programs or files from the device.
- I will not give personal information when using the device.
- I will bring the device to school every day, fully charged.
- I will not use my device to access personal email accounts such as Gmail or Yahoo, or other accounts not pertaining to classroom activities.
- I agree that email (or any other computer communication) should be used only for appropriate, legitimate, and responsible communication.

- I will keep all accounts and passwords assigned to me secure, and will not share these with any other students.
- I will not attempt to repair the device.
- I will return the device when requested and upon my withdrawal from Paul School.
- I will not put stickers or anything on the Chromebook or alter in any way.

## **Parent/Guardian Responsibilities**

**Your son/daughter/ward has been issued a device to improve and personalize his/her education this year. It is essential that the following guidelines be followed to ensure the safety and ethical operation of this computer.**

**I will supervise my child's use of the device at home.**

**I will discuss our family's values and expectations regarding the use of the Internet and email. I will supervise my child's use of the Internet and email.**

**I will not attempt to repair the device nor will I attempt to clean it with anything other than a dry cloth.**

**I will report to the school any problems with the device. I will not load or delete any software from the device.**

**I will make sure my child recharges the device battery nightly, but will not leave it plugged in overnight.**

**I will make sure my child brings the device to school every day.**

**I understand that if my child comes to school without the device I may be called to bring it to school.**

**I agree to make sure that the device is returned to school when requested and upon my child's withdrawal from the Paul School**

**Use of the Internet is a privilege not a right. The Board of Education's Internet connection is provided for educational purposes only. Unauthorized and inappropriate use will result in a cancellation of this privilege.**

Parents/guardians be advised that determined users may be able to gain access to information communication and/or services on the Internet, which the school has not authorized, or for educational purposes and/or which they and/or their parents/guardians may find inappropriate, offensive, objectionable, or controversial.

Students accessing the Internet through the schools computers assume personal responsibility and liability both civil and criminal or unauthorized or inappropriate use of the Internet. The School District has the right to monitor, review and inspect any directories files and/or messages residing on or sent using the School District's computers/networks. Messages relating to or in support of illegal activities will be reported to the appropriate authorities:

As the parent or legal guardian of the above student I have read, understand and agree that my child or ward shall comply with the terms of the Paul School's Acceptable Use and Internet Safety Policy. Policy the student's access to the Paul School computer network and the Internet. However, I also understand that it is impossible for the school to restrict access to all offensive and controversial materials and understand my child's or ward's responsibility or abiding by the policy.

I am therefore signing this agreement and agree to indemnify and hold harmless the Paul School against all claims, damages, losses and costs of whatever kind that may result from my child's or ward's use of his/her access to such networks or his/her violation of the Acceptable Use and Internet Safety Policy.

Furthermore I accept full responsibility for supervision of my child's or ward's use of his/her access account and when such access is not in the school setting.

## Please complete and return this portion of the form

This signed form **MUST** be received **BEFORE** the Chromebook, charger and internet will be issued to the student.

I have read, understand and agree to abide by the terms of the Acceptable Use and Internet Safety Policy of Paul School. Should I commit any violation or in any way misuse my access to the Paul School's computer network and the Internet I understand and agree that my access privilege may be revoked and school disciplinary action may be taken against me. I understand that any violation of the terms and conditions set forth in the Policy and Guidelines is inappropriate and may constitute a criminal offense. As a user of the Paul School's computers/network and the Internet, I agree to communicate over the Internet and the Network in an appropriate manner honoring all relevant laws, restrictions and guidelines. I have read and understand the responsibilities of use of the school owned equipment.

Student Name **PRINT CLEARLY**      Grade/Teacher      Student Signature      Date

---

### PARENT SIGNATURE

I have read and understand the responsibilities of my child's use of the school owned equipment and my responsibilities as the parent/guardian.

Parent/Guardian's Name(s) PRINT CLEARLY      Parent/Guardian's Signature(s)      Date

---

Classroom Teacher      Grade level

# PAUL SCHOOL



60 Taylor Way  
Sanbornville, NH 03872  
P: (603) 522-8891  
F: (603) 522-6143

Norma DiRocco, Principal  
Ivy Leavitt-Carlson, Assistant Principal

## Chromebook Optional Insurance Program

Our student chromebooks are covered for **accidental** damage. However, if damage is done to a chromebook that is not covered under warranty, a payment of up to \$250 will be charged to the family for repair or replacement cost.

A loaner device can be signed out to the student **ONLY** for use during the school day and any damage to the loaner has the same expectations.

However, the District is offering an optional insurance plan for \$10 **per device** which will cover:

The **DAMAGE** of a Chromebook (replacement value- \$250) that is not covered by warranty  
(payment made to Wakefield School District)

The plan will **not** cover:  
Case replacement (\$20), Lost/damaged Charger (\$25).

Yes, I would like to participate in the Insurance program **per child**. I agree to pay the premium cost of \$10 (each) which will cover the loss of a Chromebook. I have attached a check payable to Wakefield School District or cash.

No, I decline the Insurance program and understand that I am 100% responsible for the damage/loss of a Chromebook(s) that is not covered under warranty.

\_\_\_\_\_  
Student(s)Name (Please Print)

\_\_\_\_\_  
Student(s) Signature

\_\_\_\_\_  
Teacher(s)

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

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

Date \_\_\_\_\_

-----  
(Office)

\_\_\_\_\_  
Date received to office

\_\_\_\_\_  
payment received



## Paul Elementary School/SAU 101

60 Taylor Way, Sanbornville, NH. 03872

### Authorization for the Release of Confidential Student Records

Name of Child(ren):

1. \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_

2. \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_

3. \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_

I hereby give permission to **Wakefield School District** to request records from:

---

**Name of Previous School District/Agency**

---

### **Telephone and Fax Numbers**

---

This authorization pertains to the following records being requested: (check all that apply)

Birth Certificate

504 Records

Immunization Records

Report Cards and Test Scores

Special Education/IEP Records

Physical Exam Records

It is not necessary for parents to sign a release when records are being passed from public school to public school. Federal Register, June 17, 1976, Part II H.E.W. Privacy Right of Parents and Students. Final rule on education records. Vol. 41, #118, 24673. "99.31 prior consent for disclosure not required". An educational agency or institution may disclose personally identifiable information from the education records of a student without written consent of the parent, of the student, or the eligible student if the disclosure is to other school officials, including teachers within the educational institution or local educational agency who have been determined by the agency or institution to have legitimate educational interest: to officials of another school or school system in which the student seeks or intends to enroll, subject to the requirements set forth in 99.34.

**Mail Records to:**

**Paul Elementary School**

**60 Taylor Way**

**Sanbornville, NH. 03872**

**Phone: (603) 522-8891**

**Fax: (603) 522-6143**

**Email: julie.muldoon@sau101.org**

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

**Parent/Legal Guardian**

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

**Staff Signature**

## SCHOOL ADMINISTRATIVE UNIT #101

Wakefield School District  
76 Taylor Way  
Sanbornville, NH 03872  
Telephone (603) 871-8502  
Fax (603) 871-8608

### SCHOOL YEAR 2024-2025 FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **Wakefield School District SAU 101** offers healthy meals every school day. Breakfast costs **\$2.30**; lunch costs **\$3.55**. Your children may qualify for free meals or for reduced price meals. Reduced price is **\$ 0** for breakfast and **\$ .40** for lunch. Below are some common questions and answers to aid in the process of determining your child's eligibility.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from **NH SNAP** or **NH TANF**, are eligible for free meals.
- Foster children that 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.

Household size	Yearly	Monthly	Weekly
1	27,861	2,322	536
2	37,814	3,152	728
3	47,767	3,981	919
4	57,720	4,810	1,110
5	67,673	5,640	1,302
6	77,626	6,469	1,493
7	87,579	7,299	1,685
8	97,532	8,128	1,876
Each additional person:	9,953	830	192

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, please call or e-mail **Brianna Valdepena** at **603-522-8891** or email **brianna.valdepena@sau101.org**.

Updated 5/2024

**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, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please 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?**

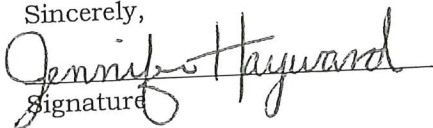
List any additional household members on a separate piece of paper, and attach it to your application. Contact **Jen Hayward, 76 Taylor Way, Sanbornville, NH 03872 603-871-8502**  
[jen.hayward@sau101.org](mailto:jen.hayward@sau101.org) to receive a second application.

**16. MY FAMILY NEEDS MORE HELP, ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?**

To find out how to apply for **SNAP, TANF, FDPIR** or other assistance benefits, contact your local assistance office or call **603 271-9700 or 844-275-3447**.

If you have other questions or need help, call **603-871-8502**.

Sincerely,

  
Signature

Jennifer Hayward  
Financial Assistant

*This institution is an equal opportunity provider.*

## How To Apply for Free and Reduced Price School Meals

Please use these instructions to help you fill out the application for free and reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in the Wakefield School District.

The application must be filled out completely to determine the eligibility of your child(ren) for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Jen Hayward at 603-871-8502 or email at [jen.hayward@sau101.org](mailto:jen.hayward@sau101.org).

**Please use a pen (not a pencil) when filling out the application and do your best to print clearly.**

### Step 1: List ALL children, infants, and students up to and including grade 12

Tell us how many infants/toddlers, children not in school, and elementary/middle/high school students live in your household. They do NOT have to be related to you to be a part of your household.

**Who should I list here?** When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a formal foster arrangement through a court or state/local agency, or qualify as homeless, migrant, or runaway youth;
- Students attending (regardless of age) [Wakefield School District].

<p><b>A) List each child's name.</b> Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper (or a second application if completing electronically) with all required information for the additional children. This also applies to adults in Step 3. "M" is short for middle initial. Print the first letter of each child's middle name in the box.</p>	<p><b>B) Is the child a student?</b> If "Yes," write the grade level of the student in the "Grade" column to the right.</p>	<p><b>C) Do you have any foster children?</b> If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing Step 1, go to Step 4.</p> <p>Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to Step 3. Note: Adopted children are not considered foster children. A foster child is a minor child who has been taken into state custody and placed with a state-licensed adult, who cares for the child in place of their parent or guardian.</p>
<p><b>D) Are any children homeless, migrant, or runaway?</b> If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application. Homeless, Migrant, Runaway status must be confirmed with the appropriate program staff. If the school district cannot confirm your student's homeless, migrant, or runaway status, then the school district will contact you to complete an income-based application. You may choose to provide income information now in order to prevent the school district from potentially needing to contact you later.</p>		



### Step 3: List ALL household members and income for each member

**1) List adult household members' names.**

Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Include college students, unless they are declared independently on taxes (all college students are considered adults). Do not list any household members you listed in Step 1.

**2) List earnings from work.**

List all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income. Net income is your income after taxes and deductions have been subtracted.

- **What if I have multiple jobs?** List each job separately by entering your name and income from each job on a new line. Add an additional sheet of paper if necessary.
- **What if I am self-employed?** List income from your business as a net amount. This net amount is calculated by subtracting the total operating expenses of your business from its gross receipts (revenue). Gross receipts or revenue are all the income earned from the sale of any products or services offered.

If a child listed in Step 1 has income, follow the instructions in Step 3, Part B.

**3) List income from public assistance/child support/alimony.**

List all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

**4) List income from pensions/retirement/all other income.**

List all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

- **What if I receive income from multiple sources in this category?** List each source separately by entering your name and income from each source on a new line. Add an additional sheet of paper if necessary.

**5) List total household size.**

Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number **MUST** be equal to the number of household members listed in Step 1 and Step 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.

**6) Provide the last four digits of your Social Security Number.**

An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no Social Security Number."

**3.B List income earned by children**

List all income earned or received by children.

List the combined gross income for ALL children listed in Step 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

- **What is Child Income?** Child income is money received from outside your household that is paid **DIRECTLY** to your children. Many households do not have any child income.

# 2024 - 2025 Household Application for Free and Reduced Price School Meals

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

**APPLY ONLINE:** SAU101.org/about our school/dining  
**RETURN TO (School/District Name):** Wakefield School District  
**ADDRESS:** 60 Taylor Way, Sanbornville, NH 03872

## 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	Check all that apply				If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.
				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"/>	<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"/>

Do any household members (including you) participate in: SNAP, TANF, or FDPIR? \*Please note, Medicaid case number do NOT qualify children for free or reduced price meal benefits in NH.

NO → Go to STEP 3.     YES → Write case number here and proceed to STEP 4.

CASE NUMBER (SNAP and TANF only): \_\_\_\_\_

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

Write only one case number in this space.

### 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			Public Assistance, Child Support, Allimony			Pensions, Retirement, Social Security, SSI, VA Benefits, All Other		
	Weekly	2x/Month	Monthly	Weekly	2x/Month	Monthly	Weekly	2x/Month	Monthly
	\$			\$			\$		
	\$			\$			\$		
	\$			\$			\$		
	\$			\$			\$		
	\$			\$			\$		

Total Household Members (Children and Adults)     Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable)

Child Income \$

How often received?     Weekly     2x/Month     Monthly     Annual

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.

## STEP 4 Contact information and adult signature. RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL: Insert school address here 60 Taylor Way Sanbornville, NH 03872

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 \_\_\_\_\_    Signature of Adult \_\_\_\_\_    Today's Date \_\_\_\_\_

Mailing Address (if available) \_\_\_\_\_    City \_\_\_\_\_    State \_\_\_\_\_    Zip \_\_\_\_\_    Phone (optional) \_\_\_\_\_    Email (optional) \_\_\_\_\_

**Return completed form to your child's school.**

**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
<b>Earnings from Work</b> <ul style="list-style-type: none"> <li>Salary, wages, cash bonuses, tips, commissions</li> <li>Net income from self-employment (farm or business)</li> </ul>	<b>Public Assistance/Alimony/Child Support</b> <ul style="list-style-type: none"> <li>Unemployment benefits</li> <li>Workers' compensation</li> <li>Supplemental Security Income (SSI)</li> <li>Cash assistance from State or local government</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veterans' benefits</li> <li>Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>A child has a regular full or part-time job where they earn a salary or wages</li> <li>A child is blind or disabled and receives Social Security benefits</li> <li>A parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> <li>A friend or extended family member regularly gives a child spending money</li> <li>A child receives regular income from a private pension fund, annuity, or trust</li> </ul>
<b>If you are in the U.S. Military:</b> <ul style="list-style-type: none"> <li>Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)</li> <li>Allowances for off-base housing, food, and clothing</li> </ul>	<b>Pensions/Retirement/All other sources of Income</b> <ul style="list-style-type: none"> <li>Social Security/Disability (including railroad retirement and black lung benefits)</li> <li>Private Pensions or disability benefits</li> <li>Income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental Income</li> <li>Regular cash payments from outside household</li> </ul>	

**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 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

Eligibility  Free  Reduced  Denied

Categorical Eligibility

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/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:

\*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.