



Registration Process

- Please submit the completed application with all other required documentation.
- Please make a payment of \$425 enrollment fee (\$25 application process fee and \$400 resource fee). The payment can be paid either through cash or a check.
- The office will receive the paperwork and the fees and give you a receipt.
- After receiving your application and application processing fee, the office will contact you in a few days to schedule a placement test/screening/interview of your child. New registrants are required to take a placement test/screening to make sure that the child is ready to be in the related grade level. This test measures skills in:
 - Math
 - Reading
 - Writing
- Placement tests measure the skills the child already has learned in previous or current grade, so your child doesn't require much preparation. Pre-K students do NOT require any test however there will be a screening for their social and emotional behavior.
- On the day of assessment, please arrive ON TIME. Also, please make sure your child is aware and ready to take a test for about 15 - 45 minutes (depending on the child's age and grade level as well as the child's understanding and familiarity with the content). At the time of the assessment, you will be asked to wait in the waiting area while your child takes the assessment in a separate room.
- After the assessment day, you will be contacted by the Office in 3-4 days with the results.
- If the child passes the test/screening/interview then he/she will be accepted and placed accordingly to the related grade.
- You will receive an acceptance email with a welcome package and the Office will guide you further.
- If the child is unable to clear the test/screening then the resource fee of \$ 400 will be refunded and no action will be taken further. However, if that's the case, you can always contact us to discuss the results and/or make a request to re-evaluate



New Student Registration Form 2021-2022

SECTION A - STUDENT INFORMATION

Last Name:	First & Middle Name	Sex: [<input type="checkbox"/>] Male [<input type="checkbox"/>] Female
Date of Birth:	Country of Birth:	Ethnicity:
Home Address:	City & State:	Zip Code:
Home School District:	Home School District Phone #:	Home School District Address:
School Last Attended:	Last Attendance Date:	School Last Attended Phone #:

SECTION B - HEALTH & WELLBEING

Name of Current Doctor/Clinic:	Phone:
Allergies:	
Latest Vision Test Date:	Latest Dental Check Date:
Any Medical Issues:	Medication(s):
Any Behavioral Issues :	Special Considerations:
<i>Please note: Hamza Academy staff is not permitted to administer daily medications to students</i>	

SECTION C - SIBLING

Please list your other children who are enrolled in Hamza Academy:

Name:	Grade:
Name:	Grade:
Name:	Grade:
Name:	Grade:

For Office Use ONLY [] Accepted [] Rejected

Date Application Submitted:	Grade to be Enrolled:	Test/Interview Date:
Date of Enrollment:	Enrolled By:	Enrollment Fee Paid:
Director Signature:		Date:



Section D - Family Information

Student Living with (please check one) : Parents Foster Parents Guardian/Other Relative

Father or Guardian 1 Information (If guardian, please specify relationship: _____):

Last Name:	First & Middle Name:
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Address (if different than student):

Mobile:	Work Phone:	Home Phone:
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Email Address:	Occupation (optional):
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Mother or Guardian 2 Information (If guardian, please specify relationship: _____):

Last Name:	First & Middle Name:
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Address (if different than student):

Mobile:	Work Phone:	Home Phone:
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Email Address:	Occupation (optional):
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Section E - Emergency Contacts/Pick-up List

If your child(ren) becomes ill while in Hamza Academy, but does not require emergency medical treatment, you will be called immediately. In the event you are not available, the number provided by you below will be called in. These emergency contacts (listed below) are authorized to pick up your child(ren). In the event, the child needs emergency medical treatment, 911 will be called in and the child will be taken to the nearest emergency room for treatment. In the event that you are not available, or unable to pick up your child(ren) from Hamza Academy at the time of dismissal, the person(s) listed below is/ are authorized to pick up your child(ren) in your place.

*** You MUST provide at-least 3 emergency/authorization for pick-up contacts besides parents/ guardians listed above***

Name	Relationship to child	Phone Number

I hereby give my consent to the staff at Hamza Academy to authorize emergency medical, surgical and/or dental treatment for my child if I cannot be reached. In consideration of the services provided to my child by Hamza Academy, I hereby agree to indemnify and hold harmless Hamza Academy, its directors, agents, employees or volunteers from any and all losses, liabilities, claims, damages, costs and expenses which may arise as a consequence or result of the release of my child to any of the aforementioned substitutes.

Parent Name:	Signature:	Date:
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SECTION F - HAMZA ACADEMY POLICIES CONTRACT (Please initial your name)

- ___ I understand that I will familiarize myself with school rules and policies and require my child to follow them at all times.
- ___ I understand that I am responsible for the enrollment fees during the time of registration which are refundable if my child is not accepted.
- ___ I understand that I am responsible for paying each month's tuition on time. I understand that I have to fulfill all financial agreements, including the late service fee of \$2.00 per day after the due date for the overdue tuition. I understand that If I plan to go away for a month (or more) during the school year, I am still responsible for the remaining balance. My child may need to be discharged and re-enrolled upon our return. I understand that this may impact my child's academic standing.
- ___ **I understand that, per our family handbook, my child/ren will be discharged from the school, if 2 payments are missed for the upcoming school year.**
- ___ I understand that Hamza Academy reserves the right to discharge a student at any time (due to safety, behavioral, academic reasons or non-payment of fees). Hamza Academy reserves the right to request parents to enroll a special needs student at another facility, in order for the student to receive professional special needs services that Hamza Academy cannot provide. Hamza Academy reserves the right for academic/behavioral or other screening of any student. If further evaluation is recommended, the school district and/or parents will be notified.
- ___ I understand that If I must follow the school parking lot policy during school hours. This includes not blocking the exit points during the school drop off or pick up timings and no loitering, waiting, or socializing during the parking lot/playground during school hours.
- ___ I understand that parents and students must abide by all school rules and regulations (e.g. uniform, I.D., etc.). The school reserves the right to fail any student who does not meet school standards.
- ___ I understand that tuition is non refundable or transferable for any reason such as suspensions, expulsions, or school closings. In order to re-register, all previous accounts must be paid in full. Parents who withdraw their children anytime during the school year are responsible for ONE MONTH tuition due to our penalty withdrawal policy. Upon withdrawal from the school, all payments must be paid in cash or a check or Zelle Quickpay. School transcripts/records and all official letters will be held until all accounts are paid in full.
- ___ I understand that my child's enrollment status and/or student records may be affected if 1) tuition and fees are not fulfilled by the given deadlines or 2) a school policy is broken, pending the decision of the School Director and Board. Fees are subject to change and you will be notified of any changes.
- ___ I understand that returned/bounced checks due to "insufficient funds" will incur a fee of a minimum of \$15.00 per check depending on the penalty charge by the bank.
- ___ Parents are responsible for paying for any lost/stolen textbooks. Parents are entitled to all workbooks.
- ___ I understand that I give the school authorization for immediate medical care, in the event that my child needs immediate emergency attention.
- ___ I understand that students must be picked up by dismissal time. They will only be released to their parents or an authorized person on the pick-up list. Students left by parents/guardians in the school building before/after school hours will not be the responsibility of the school. Students who are picked up after dismissal time which is at 3pm, will be charged a late pick-up fee of \$10.00 for every 15 minutes.
- ___ I understand that if deemed necessary by school personnel, I authorize Hamza Academy to initiate any evaluations through the School District office relating to my child's needs. I understand that initiating this process may result in services being provided in order to meet my child's needs. I will be informed prior to any actions taken regarding my child.
- ___ I understand that my child may participate in interviews, the use of quotes, photographs, movies, and/or videos that may be published in print and/or electronically. Hamza Academy may use photographs of my child and his/her name for any lawful purposes, including publicity, school newsletter, school website, school brochure, school advertising, school web content, etc. I also hereby release Hamza Academy and its school's representatives and employees from all claims, demands, and liabilities whatsoever in connection with the above. (Parents may file written "do not photograph/do not record" statement with main office in the form of a letter)
- ___ Hamza Academy cannot be held accountable for any liability resulting from student participation in field trips, except in case of its sole and gross negligence, for damage because of bodily injury, including death at any time resulting therefrom,



sustained by any child or by any person or persons, or on account of damage to property arising out of such participation. A permission slip must be signed by parents for every trip separately.

- ___ I understand that Hamza Academy cannot be held accountable for any liability resulting from student participation in any physical activities provided by Hamza Academy including but not limited to gym, except in case of its sole and gross negligence, for damage because of bodily injury, including death at any time resulting therefrom, sustained by any child or by any person or persons, or on account of damage to property arising out of such participation. Parents may file a written “non-participation” statement from the student's doctor detailing temporary or permanent physical limitations due to a medical condition with the school office.
- ___ I understand that students are expected to attend school all day, and every day that school is in session. Parents are asked to cooperate with this expectation and not ask to have children leave before regular dismissal time (2:45 p.m.) Interruptions to the school day should be avoided. I understand that I should schedule any medical and dental appointments after school hours, so learning time is not disrupted. If my child is frequently absent in the school then I must provide valid documentation to count the absence/tardiness as an excuse for absence.
- ___ I understand that if my information is updated then I must notify the school with any changes with the information provided on the application.
- ___ I understand that by registering and maintaining enrollment in all upcoming years, parents and students agree to abide by all school policies, terms, and conditions until the child is enrolled in Hamza Academy.
- ___ I understand that it is my responsibility to frequently check all the emails/posts/notice/text messages regarding any changes in the school policy so that I can keep up with the updates.

By signing below, I understand all of Hamza Academy terms and policies stipulated in the Family Handbook, which can be found online, and stated above.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Relationship to Student: _____ Date: _____



SECTION G - RECORDS RELEASE AGREEMENT

Under the Family and Education Rights and Privacy Act (FERPA), schools have the right to disclose information records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):

- School officials with legitimate educational interest;
- Other schools to which a student is transferring;
- Specified officials for audit or evaluation purposes;
- Appropriate parties in connection with financial aid to a student;
- Organizations conducting certain studies for or on behalf of the school;
- Accrediting organizations;
- To comply with a judicial order or lawfully issued subpoena;
- Appropriate officials in cases of health and safety emergencies; and
- State and local authorities, within a juvenile justice system, pursuant to specific State law.

I hereby authorize Hamza Academy to release any student records as necessary. I also hereby authorize Hamza Academy to obtain all _____'s student records from:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

SECTION H - CUSTODY REQUIREMENTS

If you are legally separated or divorced, the law requires you to provide Hamza Academy with a copy of the child custody order or decree indicating full or joint (shared) custody and indicate the residential parent for school purposes. These papers must be court stamped and include the signature page. Also, whenever there is a modification of the order or decrees, the custodial parent/guardian shall provide the school with a copy of the updated order of decree that makes the modification. The order should be included with this form.

- I am the child's legal guardian.
- I have legal full or joint (shared) custody of the child as assigned by the courts.
- I do not have full or joint (shared) custody of the child as assigned by the courts. Please explain:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Relationship to Student: _____ Date: _____



PLEASE CIRCLE WHICH TUITION PLAN YOU AGREE TO FULFILL FOR 2021-2022
TUITION PLAN OPTIONS OVER 10 MONTHS

Tuition Amount Annually \$5,250 - 1 Child \$10,130 - 2 Siblings \$14,600 - 3 Siblings	PLAN 1 (5% Discount) Lump Sum Payment Plan \$4,988 - 1 Child \$9,624 - 2 Siblings \$13,870 - 3 Siblings	PLAN 2 (2 % Discount) Bi-Annual Payment Plan \$5,146 - 1 Child \$9,928 - 2 Siblings \$14,308 - 3 Siblings	PLAN 3 Monthly Payment Plan \$5,250 - 1 Child \$10,130 - 2 Siblings \$14,600 - 3 Siblings
8/25/2021	\$4,988 - 1 Child \$9,624 - 2 Siblings \$ 13,870 - 3 Siblings	\$2,573 - 1 Child \$4,964 - 2 Siblings \$7,154 - 3 Siblings	\$525 - 1 Child \$1,013 - 2 Siblings \$ 1,460 - 3 Siblings
9/29/2021			\$525 - 1 Child \$1,013 - 2 Siblings \$ 1,460 - 3 Siblings
10/27/2021			\$525 - 1 Child \$1,013 - 2 Siblings \$ 1,460 - 3 Siblings
11/24/2021			\$525 - 1 Child \$1,013 - 2 Siblings \$ 1,460 - 3 Siblings
12/22/2021			\$525 - 1 Child \$1,013 - 2 Siblings \$ 1,460 - 3 Siblings
1/26/2022		\$2,573 - 1 Child \$4,964 - 2 Siblings \$7,154 - 3 Siblings	\$525 - 1 Child \$1,013 - 2 Siblings \$ 1,460 - 3 Siblings
2/23/2022			\$525 - 1 Child \$1,013 - 2 Siblings \$ 1,460 - 3 Siblings
3/23/2022			\$525 - 1 Child \$1,013 - 2 Siblings \$ 1,460 - 3 Siblings
4/27/2022			\$525 - 1 Child \$1,013 - 2 Siblings \$ 1,460 - 3 Siblings
5/25/2022			\$525 - 1 Child \$1,013 - 2 Siblings \$ 1,460 - 3 Siblings

PAYMENTS DUE DATES SUBJECT TO CHANGE



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.

STUDENT NAME:		

<i>First</i>	<i>Middle</i>	<i>Last</i>
DATE OF BIRTH:		GENDER:
_____		<input type="checkbox"/> Male
<i>Month</i>	<i>Day</i>	<i>Year</i>
_____		<input type="checkbox"/> Female
PARENT/PERSON IN PARENTAL RELATION INFO:		

<i>Last Name</i>	<i>First Name</i>	<i>Relation to Student</i>
_____	_____	_____

HOME LANGUAGE CODE

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:

SCHOOL DISTRICT INFORMATION:	STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:
_____	_____
<i>District Name (Number) & School</i>	<i>Address</i>
_____	_____

Home Language Questionnaire (HLQ)—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 <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? _____

Month: _____ Day: _____ Year: _____

Signature of Parent or of Person in Parental Relation *Date*

Relationship to student: Mother Father 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>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>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: _____ _____	

2019-2020 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 the address listed below**. Call **(phone number)**, if you need help. Additional names may be listed on a separate paper.

Return Completed Applications to: (School Name)
(Street Name)
(City, State , Zip Code)

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

Student Name	School	Grade/Teacher	Foster Child	Homeless Migrant, Runaway
			<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 4, and sign the application.**

Name: _____ CASE #: _____

3. Report all income for ALL Household Members (Skip this step if you answered 'yes' to step 2)

All Household Members (including yourself and all children that have income).

List all Household members not listed in Step 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any other 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 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"/>

Total Household Members (Children and Adults)

*Last Four Digits of Social Security Number: XXX-XX- ____ - ____

I do not have a SS#

*When completing section 3, an adult household member must provide the last four digits of their Social Security Number (SS#), or mark the "I do not have a SS# box" before the application can be approved.

4. Signature: An adult household member must sign this application before it can be approved.

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 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: _____

Home Phone: _____ Work Phone: _____ Home Address: _____

5. Ethnicity and Race are optional; responding to this section does not affect your children's eligibility for free or reduced price meals.

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race (Check one or more) : American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Island White

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, complete only one application for your household using the instructions below. Sign the application and return the application to _____.

If you have a foster child in your household, you may include them on your application. A separate application is not needed. Call the school if you need help: _____. 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, or if you believe any child meets the description for homeless, migrant, runaway (a school staff will confirm this eligibility).

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

- (1) List a current SNAP, TANF or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. The case number is provided on your benefit letter.
- (2) An adult household member must sign the application in PART 4. SKIP PART 3. Do not list names of household members or income if you list a SNAP case number, TANF or FDPIR number.

PART 3 ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 4.

- (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) Enter the total number of household members in the box provided. This number should include all adults and children in the household and should reflect the members listed in PART 1 and PART 3.
- (4) The application must include the last four digits only of the social security number of the adult who signs **PART 4** if Part 3 is completed. If the adult does not have a social security number, check the box. **If you listed a SNAP, TANF or FDPIR number, a social security number is not needed.**
- (5) An adult household member must sign the application in PART 4.

OTHER BENEFITS: Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). 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.

USE OF INFORMATION STATEMENT

Use of Information Statement: 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 submit all needed information, 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 primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs.

We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

DISCRIMINATION COMPLAINTS

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

