



School District of Somerset

Somerset, WI 54025

Student Registration

Please contact the appropriate staff member (found in this packet) to set-up an appointment to enroll your child. During your visit you will need this registration document filled out as well as proof of your home address and a certified birth certificate (this is for verification purposes only and will not be kept).

Entering _____ Grade in 20__-20____ (School Year) Grade Repeated _____		Gender: <input type="checkbox"/> F <input type="checkbox"/> M
Anticipated Start Date ____/____/____		
Student's Legal Name (first, middle, last): _____		
Address (street, city, zip code): _____ Telephone Number: _____		
Date of Birth: ____/____/____ Verification and Documentation of Date of Birth <input type="checkbox"/> Yes <input type="checkbox"/> No		Verification Certified Birth Certificate (original only/ no photocopies) Staff Initials: _____ Proof of Residency Staff Initials: _____
Place of Birth: _____ (City, County, State, Country)		
If your student was born outside of the U.S.: What year did they begin attending a U.S. school? _____		
Resident of Somerset School District <input type="checkbox"/> Yes <input type="checkbox"/> No Applied for Open Enrollment <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been enrolled in any of these types of programs at your previous school? <input type="checkbox"/> Special Education (LD, CD, EBD, S/L, OT/PT) <input type="checkbox"/> Honors/Accelerated/GT <input type="checkbox"/> Title I Reading/Math <input type="checkbox"/> Section 504 Accommodation Plan <input type="checkbox"/> Alternative School <input type="checkbox"/> Home School <input type="checkbox"/> ELL <input type="checkbox"/> Virtual Are there any other health or learning impairments that your child may have (list below)? This information will help with placement of your child.	
Ethnic Category Information: Please answer both questions below 1. Is this student Hispanic or Latino? (Check only one) <input type="checkbox"/> Yes, Hispanic or Latino <input type="checkbox"/> No, not Hispanic or Latino (Yes, or No, you must answer question 2) 2. Is this student: (Choose one or more. You must select at least one) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black of African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		
School Last Attended: School Name: _____ Dates Attended: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private Address: _____ Phone Number: _____ Fax Number: _____ Have you been enrolled in the Somerset School District in the past: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: _____ Please read, and then place your initials by each statement below: ___ I declare that my son/daughter has not been expelled or was under the process of expulsion, from a previous school district pursuant to Section 120.13(1)(f) of the Wisconsin Statutes. I understand and acknowledge that my failure to provide a true response to this statement is grounds for expulsion of my son/daughter, pursuant to Section 120.13(1)(f) of the Wisconsin Statutes. ___ I have the legal authority to enroll this child in school. The information provided on this form is true and accurate to the best of my knowledge.		
<input checked="" type="checkbox"/> Parent/Guardian Signature: _____		Date: _____
Office Use Only: Grade: _____ Student #: _____ Graduation Year: _____ Locker #: _____ Homeroom: _____ Records request sent <input type="checkbox"/> Send: <input type="checkbox"/> Lynn Harstad - Pupil Services (Student registration) <input type="checkbox"/> Michelle Mahler, District Office (Transportation form) <input type="checkbox"/> Dawn Spafford, MS Health Office (Census form) <input type="checkbox"/> Health Office (Student Emergency & Family Information)		



School District of Somerset
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Student Family Information

Student Full Legal Name: _____ D.O.B: _____ Gender: _____ Grade: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Are you living in temporary housing (circle one)? Yes No

Parents Marital Status (circle one): Married Single Divorced Widow(er)

If divorced, indicate custody (circle one): Sole Joint

If joint custody, do you request that both parents receive student information (circle one)? Yes No

Parent/Guardian Residing with Student

1. Legal Name: _____ Relationship to student: _____

Cell Phone #: _____ Email Address: _____

Employer: _____ Work Phone #: _____

2. Legal Name: _____ Relationship to student: _____

Cell Phone #: _____ Email Address: _____

Employer: _____ Work Phone #: _____

Guardian Information/Second Mailing (50/50 or non-custodial parent)

Legal Name: _____ Relationship: _____

Address: _____ Home Phone #: _____

Cell Phone #: _____ Employer: _____ Work Phone #: _____

Email Address: _____

Is there anyone not allowed access to student? If so, documentation is required. Name of person(s) not to have access to student and their relationship: _____



New Enrollment Transportation Registration

Dear Parents:

In order to arrange the safest and most efficient student transportation, it is important for Somerset School District to identify students who will and will not use school bus transportation during the school year.

Somerset School District works closely with Safe-Way Bus Company to create suitable transportation for all District families.

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Student(s) will not need transportation at this time

Transportation Needs

Student will ride to school: _____ Often _____ Occasionally _____ Backup Only _____ Never

Student will ride from school: _____ Often _____ Occasionally _____ Backup Only _____ Never

Pick up at: _____ Home _____ *Other (provide address) _____

*Please provide contact name and phone number _____

Drop off at: _____ Home _____ *Other (provide address) _____

*Please provide contact name and phone number _____

Parent(s) Name _____

Home Address _____ City: _____

Home/Cell Phone _____ Work Phone _____

Email Address _____

To begin the school year, transportation details for students will be provided mid-August; all details will be made available for viewing through the Infinite Campus Parent Portal ONLY. Please contact your child's building secretary if you need assistance with your Infinite Campus access.

Changes: We ask that parents allow three days for changes to be made (new daycare; new address; no longer need transportation services, etc.), except in *emergency* situations. Please visit the Transportation page of the Somerset School District website to request changes via the online form, and for additional transportation information, including rules, guidelines, and current practices.



Junior Kindergarten Transportation

Dear Parents:

In order to arrange the safest and most efficient bus routes as well as to design well-balanced classrooms, we need to identify students who will and will not use school bus transportation during the school year. While we aren't able to honor all requests for placement options, we do our best to accommodate families whenever possible. Many factors are considered when making placement decisions.

Please be specific about any and all transportation needs for your Junior Kindergarten student as transportation needs play a significant role in placement decisions. Feel free to write information on the back of this form if you feel that there is something that we need to know about your specific situation.

Student Name(s) _____

Student(s) will not need transportation for the upcoming School Year

Transportation Needs

Student will ride to school: _____ Often _____ Occasionally _____ Backup Only _____ Never

Student will ride from school: _____ Often _____ Occasionally _____ Backup Only _____ Never

IF MORNING PLACEMENT: _____ AM Transport _____ Mid-Day Transport _____ PM Transport after JK Wrap

Pick up at: _____ Home _____ *Other (provide address) _____

*Please provide contact name and phone number _____

Drop off at: _____ Home _____ *Other (provide address) _____

*Please provide contact name and phone number _____

IF AFTERNOON PLACEMENT: _____ AM Transport to JK Wrap _____ Mid-Day Transport _____ PM Transport

Pick up at: _____ Home _____ *Other (provide address) _____

*Please provide contact name and phone number _____

Drop off at: _____ Home _____ *Other (provide address) _____

*Please provide contact name and phone number _____

Parent(s) Name _____

Home Address _____ City: _____

Home/Cell Phone _____ Work Phone _____

Email Address _____

Transportation details for students will be provided to as soon as the placement details are final – a target date for details has not yet been set. Please check in with the Elementary School Office to get instructions for access to the Infinite Campus Parent Portal once your child has been enrolled. All details will be made available for viewing through the Parent Portal. Please remember to contact the school as soon as possible if you know that you need to change your transportation arrangements (new daycare; new address; no longer need transportation services, etc.).



SOMERSET SCHOOL DISTRICT

Transportation/Medical Request

Somerset School District would like to share medical information regarding your child(ren) with Safe-Way Bus Company to ensure that drivers and dispatch are aware of medical issues that could arise while transporting your child(ren). Medical conditions may include allergic reactions, asthma, seizure disorders or diabetes. Please indicate your preference below:

_____ Yes, please share the medical information listed below with Safe-Way Bus Co.

_____ No, I request that Somerset School District not share medical information with Safe-Way Bus Co.

Medical information that you would like to share with Safe-Way Bus Co.:

My child wears a MedicAlert ID:

Yes

No

***Safe-Way Bus Co. will attempt to contact 911 in case of emergency**

Parent(s) Name: _____

Please list your child(ren):

Student (print) _____ Grade _____

Student (print) _____ Grade _____

Student (print) _____ Grade _____

Student (print) _____ Grade _____

Please have your child return this form to their school office or teacher. If you have any questions, please contact Michelle Mahler (715) 247-3313, Ext. 507, or Vicky Java at Safe-Way Bus Co. (715) 247-2090.



School District of Somerset

Somerset, WI 54025

Request for Records

Student Name: _____ Date of Birth: _____ Grade: _____

School last attended: _____ Address: _____

Phone Number: _____ Fax Number: _____

Based on State Law, the information to be disclosed and exchanged consists of:

- Official student academic/administrative records (identifying information, grade level completed, grades, class rank, attendance records, and group aptitude and achievement test results)
- Medical and/or related health records
- Psychological evaluations or social work reports *(if applicable)*
- Team evaluations and related reports *(if applicable)*
- Appropriate agency reports *(if applicable)*
- Individualized Education Program (IEP) *(if applicable)*

Others (specify): _____

Authorization

Pursuant to Wisconsin Statutes 118.125(4) Federal Regulations, Section 99.3 1/34 you are authorized to forward the above student's records (progress, health and behavioral) by this official notification of student's enrollment. Behavioral records include special education and discipline records.

We would appreciate a response if for some reason you cannot fulfill this request within the statutory required (5) school days.

Parent Signature: _____ Date: _____

Student Signature (if 18 years of age): _____ Date: _____

Forward Records to the Appropriate Location Listed Below

- Somerset Elementary School** 635 Sunrise Drive Somerset, WI 54025
Phone: 715-247-4848, Ext. 600 Fax: 715-247-3327
Enrollment Contact: Lisa Hohler (lhohler@somerset.k12.wi.us)
- Somerset Middle School** 625 Sunrise Drive Somerset, WI 54025
Phone: 715-247-4848, Ext. 300 Fax: 715-247-4437
Enrollment Contact: Susan Richardson (srichardson@somerset.k12.wi.us)
- Somerset High School** 645 Sunrise Drive Somerset, WI 54025
Phone: 715-247-3355, Ext. 201 Fax: 715-247-3864
Enrollment Contact: Rochelle Lindquist (rlindquist@somerset.k12.wi.us)
(Fax or email Transcripts ASAP)
- Somerset Pupil Services** Fax current **IEP** and most recent evaluation before sending file to 715-247-4437
Phone: 715-247-4848, Ext. 571
Enrollment Contact: Lynn Harstad (lharstad@somerset.k12.wi.us)



School District of Somerset
 P.O. Box 100 Somerset, WI 54025
Census Information

To All Somerset District Residents:

Every year, the Somerset School District is required by law to complete an annual school census (Wisconsin Statute 120.18). This census report assists the district in long-term planning for school facilities, programs, staff and busing.

Please list all children under the age of 21 (include infants and pre-school aged children, those attending private, public or are home schooled) living at the address you include below.

Name (first, middle, last)	Sex F = female M = male	Date of Birth (month, day, year)	Age

Please complete the information below:

Name: _____ Relationship to children: _____

Name: _____ Relationship to children: _____

Address: _____ Zip Code: _____

Phone number: _____

Thank you for taking the time to complete this form. If you have any questions, please call (715) 247-4400 extension 330.



**School District of Somerset
Somerset, WI 54025
Home Language Survey**

Student Name: _____

Name of person completing the survey: _____

1. What language did the child learn when she/he first began to talk?

English Other Other Language(s): _____

2. What language does the family speak at home most of the time?

English Other Other Language(s): _____

3. What language does the parent(s) speak to her/his child most of the time?

English Other Other Language(s): _____

4. What language does the child speak to his /her parents(s) most of the time?

English Other Other Language(s): _____

5. What language does the child hear and understand in the home?

English Other Other Language(s): _____

6. What language does the child speak to her/his brothers/sisters most of the time?

English Other Other Language(s): _____

7. What language does the child speak to her/his friends most of the time?

English Other Other Language(s): _____

8. Can an adult family member or extended family member speak English? Yes No

9. Can an adult family member read English? Yes No

Name of family member: _____ Phone #: _____

Do the parents/guardians request oral and/or written communication from the school to be in English (Circle from options below)?

Written Yes No

Oral Yes No

If no, in what language? _____



School District of Somerset

Somerset, WI 54025

Contact Information

Somerset Elementary School

635 Sunrise Drive

Somerset, WI 54025

Phone: (715) 247-3311

Fax: (715) 247-3327

Principal: Dr. Christopher Kamrath (ckamrath@somerset.k12.wi.us)

Building Secretary: Lisa Hohler (lhohler@somerset.k12.wi.us)

Somerset Middle School

625 Sunrise Drive

Somerset, WI 54025

Phone: (715) 247-4400

Fax: (715) 247-4437

Principal: Sara Eichten (seichten@somerset.k12.wi.us)

Building Secretary: Susan Richardson (srichardson@somerset.k12.wi.us)

Somerset High School

645 Sunrise Drive

Somerset, WI 54025

Phone: (715) 247-3355

Fax: (715) 247-3864

Principal: Shannon Donnelly (sdonnelly@somerset.k12.wi.us)

Building Secretary: Rochelle Lindquist (rlindquist@somerset.k12.wi.us)

Pupil Services

625 Sunrise Drive

Somerset, WI 54025

Phone: (715) 247-4400 extension 571

Fax: (715) 247- 4437

Director of Pupil Services: Abbiegail Bohatta (abohatta@somerset.k12.wi.us)

Pupil Services Secretary: Lynn Harstad (lharstad@somerset.k12.wi.us)

2017-2018 Prototype Household Application for Free and Reduced Price School Meals

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

[Apply Online](#)

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

Children in **Foster care** and children who meet the definition of **Homeless, Migrant or Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

Child's First Name	MI	Child's Last Name	Grade	Student? Yes No	Foster Child	Homeless, Migrant, Runaway
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

If **NO** > Go to STEP 3. If **YES** > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number: Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child income: \$ How often? Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)
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 gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Total Household Members (Children and Adults) Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X Check if no SSN

STEP 4 Contact information and adult signature. **Mail Completed Form To: Somerset School District – PO Box 100 – Somerset, WI 54025**

"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 (check) 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."

Street Address (if available) Apt # City State Zip Daytime Phone and Email (optional)

Printed name of adult signing the form Signature of adult Today's date

Sources of Income for Children	
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security - Disability Payments - Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

OPTIONAL

Children's Racial and Ethnic Identities

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 Not Hispanic or Latino
 Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number 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.

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, (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:

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

fax: (202) 690-7442; or
 email: program.intake@usda.gov.

This institution is an equal opportunity provider.

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

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