Cayuga Middle School

7th & 8th Grade New Student Registration Packet

2020-2021

Cayuga ISD

New Student Registration Requirements

2020 – 2021

☐ Parent OR Guardian MUST accompany the NEW student.

☐ COPY OF PARENT'S DRIVER LICENSE ENROLLING STUDENT.
Address on Driver License **must be current** AND living in the Cayuga School district.

***** If not, please provide school with current address as soon as possible.*****

☐ PROOF OF RESIDENCY – This must be presented before enrollment.
Please provide a copy a utility with your correct address.
**** We cannot use a cell phone bill for proof of residency.**

☐ GUARDIANSHIP PAPERS – If student does not live with both parents

☐ TRANSCRIPT,
WITHDRAWAL FORM,
Or/and last year's REPORT CARD from previous school

☐ COPY OF BIRTH CERTIFICATE

☐ COPY OF SOCIAL SECURITY CARD

☐ IMMUNIZATION RECORDS

☐ SPECIAL PROGRAM RECORDS (504, Special Education, GT)

CAYUGA ISD
P. O. BOX 427
CAYUGA, TX 75832
903-928-2102
903-928-2163 FAX

REQUEST FOR RECORDS

Date:_____

Dear Registrar at_____
(Name of the school you are coming from)

_____ was previously enrolled in your
(Student's Name)
school district has enrolled at Cayuga High School. Please send the following information:

- Current Report Card
- Transcript of Grades
- Birth Certificate
- Social Security Card
- Cumulative Records
- STAAR/EOC Test Results
- Immunization Records
- Special Ed Records
- Athletic Eligibility

Grade_____ D.O.B._____ Social Security_____

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

If you have any questions, please contact **Sarah Holden**, at (903) 928-2102, ext. 014 or fax (903) 928-2163.

For office use only: **TREx: Yes / No Date:** _____
School FAX number: _____ School phone number:_____
Out of State or Other: Date of FAX: _____ Time of FAX _____

CAYUGA INDEPENDENT SCHOOL DISTRICT REGISTRATION FORM

GRADE____ AGE SEPT. 1____ ORIGINAL ENTRY DATE_____

FIRST NAME **MIDDLE NAME** **LAST NAME** **(JR., SR.)**

SS#_____SEX_____RACE_____BIRTHDATE_____

MAILING ADDRESS_____CITY_____STATE___ZIP CODE_____
PHYSICAL ADDRESS_____CITY_____STATE_____ZIP CODE_____

PARENT'S BIRTHDATE_____ (REQUIRED BY LAW)
PARENT'S E-MAIL ADDRESS_____

PARENT/GUARDIAN_____RELATION_____
ADDRESS_____CITY_____STATE___ZIP CODE_____
HOME PHONE #_____CELL PHONE #_____
EMPLOYMENT_____WORK PHONE #_____EXT._____

PARENTS/GUARDIAN_____RELATION_____
ADDRESS_____CITY_____STATE___ZIP CODE_____
HOME PHONE #_____CELL PHONE #_____
EMPLOYMENT_____WORK PHONE #_____EXT._____

EMERGENCY CONTACT 1_____PHONE_____
EMERGENCY CONTACT 2_____PHONE_____
EMERGENCY CONTACT 3_____PHONE_____

DOCTOR PREFERENCE_____PHONE_____
HOSPITAL PREFERENCE_____

BROTHERS/SISTERS	GRADE	SCHOOL

PREVIOUS SCHOOL ATTENDED: _____

CONSENT FOR CORPORAL PUNISHMENT: YES_____ NO_____

SPECIAL PROGRAMS: G/T, SPECIAL ED., CHAPTER 1, OTHER_____
LIST ANY ALLERGIES/MEDICAL PROBLEMS OR MEDICATIONS TAKEN ON A DAILY BASIS: _____

The above information is required for a permanent school record of your child and will be available to school personnel. Presenting false documents, records or information is a violation of state law and may subject you to tuition costs for your child. Certify that the information given above named physician to render such treatment as may be necessary in an emergency of said child. In the event parents, physician, or other persons named cannot be contacted, school officials are hereby authorized to take whatever action is necessary in their judgement for the health of the above child. I will not hold the school district financially responsible for emergency care and/or transportation.

Parent or Guardian Signature_____Date_____

Students will only be released to the person or persons listed on this form above.

Cayuga Independent School District

Home Language Survey

Pre-K to 12th grade

Name of Student _____

Campus _____ Grade _____

To be filled in by Student:

1) What language is spoken in your home most of the time? _____

2) What language do you speak most of the time? _____

Signature of Student _____ Date _____

Signature of Parent _____ Date _____

Cuestionario de Idioma Hogareno

Nombre del Estudiante _____

Escuela _____ Grado _____

Debe de completarse por el Estudiante:

1) Cual es el idioma que mas se habla en su hogar? _____

2) Cual es el idioma que su nino(a) habla mas? _____

_____ _____

Firma del Estudiante o Padre Fecha

Students Names _____ Grade _____

CAYUGA INDEPENDENT SCHOOL DISTRICT

2020 – 2021

This compact is an agreement between the home and school. It establishes a partnership for helping our students achieve high standards. Please read and discuss it with your child. Sign and return it to your child's teacher or campus office.

PARENT/GUARDIAN AGREEMENT

(Any person who is interested in helping this student may sign in lieu of the parent)
I want my child to achieve. Therefore, I will encourage him/her by doing the following:

- See that my child is punctual and attends school regularly.
- Support the school in its efforts to maintain proper discipline.
- Establish a time for homework and review it regularly.
- Provide a quiet well-lighted place for study.
- Encourage my child's efforts and be available for questions.
- Stay aware of what my child is learning.
- Read with my child and let my child see me read.

Parent's Signature _____

STUDENT AGREEMENT

It is important that I work to the best of my ability. Therefore, I shall strive to do the following:

- Attend school regularly.
- Come to school each day with pens, pencils, paper and other necessary tools for learning.
- Always try to do my best.
- Complete and return homework assignments.
- Observe regular study hours.
- Conform to rules of student conduct

Student's Signature _____

TEACHER AGREEMENT

It is important that my students achieve. Therefore, I shall strive to do the following:

- Provide appropriate and meaningful homework assignments.
- Provide necessary assistance to parents so that they can help with the assignments.
- Encourage students and parents by providing information about student progress.
- Use special activities in the classroom to make learning enjoyable.

Teacher's *Signature* _____

PRINCIPAL AGREEMENT

I support this form of parent involvement. Therefore, I shall strive to do the following:

- Provide an environment that allows for positive communication between the teacher, parent, and student.
- Provide the necessary support to teachers and staff for all students to be successful in accomplishing educational goals.
- Strictly enforce the district's Student Code of Conduct.

Principal's Signature _____ Sherri McAnnier
M. S. Principal

CAYUGA ISD
2020-2021

Student Name: _____ Grade:_____

1) Student is a dependent of a member of the Army, Navy, Air Force, Marine Corps, or Coast Guard on **Active Duty**:

Branch: _____ YES _____ NO _____

2) Student is a dependent of a member of the Texas National Guard (Army, Air Guard, or State Guard):

Branch: _____ YES _____ NO _____

3) Student is a dependent of a member of a reserve force in the United States military (Army, Navy, Air force, Marine Corps, or Coast Guard:

Branch: _____ YES _____ NO _____

4) Star of Texas Award YES _____ NO _____

The following information is requested in order for the school to be in compliance with the Texas Education Code, Section 29.081.

5) Student has been incarcerated or has a parent that has been incarcerated within the student's lifetime, in a penal institution.

YES _____ NO _____

6) Student is currently in the conservatorship of the Department of Family and Protective Services (Foster Care). The enrolling caregiver must provide a copy of the Texas DFPS Placement Authorization Form (Form 2085) or a court order that designates the student is in the conservatorship of the Department of Family and Protective Services.

YES _____ NO _____

7) My student has been identified as having dyslexia or related disorders as defined in TEC 38.003.

YES _____ NO _____

8) Special Programs: G/T, Special Ed., etc…_____

9) **CONSENT FOR CORPORAL PUNISHMENT: YES _____ NO _____**

Parent Signature: _____ Date: _____

CAYUGA PUBLIC SCHOOLS

Dear Parents/Guardians:

We have a parent notification system, which allows school principals and approved staff members to send voice messages to your phone, which will inform you about important school activities, dates, and events. A mass notification system of this nature provides the ability for an approved user to record a message and send it to a large quantity of phone numbers within minutes. The messages created in the system can be delivered to both traditional landline phones and cellular phones.

Typically, messages will be general announcements or information to share with parents about important school activities, dates, and events. This system will be very helpful when there are important messages or emergency situations that require rapid communication with parents.

This notification system should be used in moderation and for appropriate situations. This system will be very helpful when there are important messages or emergency situations that require rapid communications, for example unexpected early dismissals, delayed school openings, or school cancellations. The system will not be used to replace other forms of communications previously used. Each mode of communication has its place and purpose to be used.

In order for this type of system to be most effective, we need to have current phone numbers on record at school. Please provide to the district a phone number for receiving phone calls from the school. By providing a phone number to the school, you are consenting to receive automated messages from the school/school district.

Both traditional and cellular phone numbers are acceptable and will be called. If there is no answer, a message will be left on the answering machine.

Please write ONLY one phone number below. Extensions are not dialed. A ten digit number must be provided.

_____

Phone number (cell or home) Only 1 number please.

_____ _____ _____

Student Name **ID#** **Grade Level**

_____ _____

Parent or Guardian Name **E-mail address (for TxConnect/Parent Portal)**

If at any time you want to change the phone number provided, please follow our standard process for updating phone information. Thank you for your cooperation with the school and for being actively involved in your child's education.

Sincerely,
Cayuga ISD

Please fill out and return it back to school ASAP. Thank you for your help with this matter.

Cayuga ISD

Student Handbook and Student Code of Conduct Acknowledgment of Electronic/Paper Distribution

2020-2021

My child and I have been offered the option to receive a paper copy or to electronically access at www.cayugaisd.com the Cayuga High School Student Handbook and the Student Code of Conduct for 2020-2021.

I have chosen to: (pick ONE only please)

◯ Accept responsibility for accessing the Student Handbook / Student Code of Conduct by visiting the **Web address listed above**.

OR

◯ Pick up a **paper copy** of the Student Handbook / Student Code of Conduct in the campus office.

I understand that....

- the handbook contains information that my child and I may need during the school year and that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the Student Code of Conduct. If I have any questions regarding this handbook or the code, I should direct those questions to the campus administrator.

Name of Student: _____ Grade: _____
(Printed Name)

Signature of Student: _____

Name of Parent/Guardian: _____
(Printed Name)

Signature of Parent/Guardian: _____

Date: _____

CAYUGA ISD

BUS RIDERS RULES AND REGULATIONS

Rules defining student conduct are designed to protect the passengers and shall be observed at all times. Bus safety rules shall include, but not be limited to, the following:

I have read and understand the bus rules and have reviewed them with my children.

1. The bus driver is in charge of students on the bus. Students shall follow the drivers directions at all times.
2. Only authorized personnel and eligible bus students assigned to a specific bus are permitted to ride the bus.
3. Buses will stop at established stops only. Students will not be permitted to leave the bus until the bus arrives at an established bus stop or the appropriate school. Students shall load and unload at their designated bus stop only.
4. Students will wait for a bus by remaining on the sidewalk. If there is no sidewalk, students will wait next to (but not in) the street. Students must wait until the bus comes to a complete stop before loading or unloading the bus.
5. Students will remain seated at all times and will not block the center isle. All students will have assigned seats.
6. Students must keep their hands, head, feet, and personal objects inside the bus at all times.
7. Scuffling, shoving, or fighting is prohibited on the bus and at established bus stops.
8. Littering or throwing items inside or from the bus is prohibited.
9. Students are not allowed to consume food or drinks on the bus. The use of tobacco products is prohibited.
10. Students shall not deface or vandalize the bus or related equipment. Students that violate this rule will be required to pay for damages.
11. Students are not to engage in loud talking, yelling, the use of profanity, inappropriate language or gestures on the bus.
12. Students are not allowed to bring animals on the bus, unless previously approved.
13. Students are not allowed to bring harmful objects on the bus (i.e. weapons, drugs, alcohol, fireworks, etc.).
14. Students are not to engage in any other conduct that disrupts the safe operation of the bus.
15. Use/display of cell phone is prohibited while riding daily bus routes to and from school.

NONCOMPLIANCE TO THESE RULES WILL RESULT IN (1st Violation) A VERBAL WARNING, (2nd Violation) DISCUSSION WITH PRINCIPAL, (3rd Violation) ONE TO THREE DAYS SUSPENSION, (4th Violation) TEN DAYS SUSPENSION, (5th Violation) SUSPENDED FOR UP TO ONE SEMESTER FROM THE BUS.

REGULAR EDUCATION BUS INFORMATION CARD

Return this card to the bus driver as soon as possible

Date_____ **School Year**_____

Student Name_____

School_____ **Grade**_____ **Bus #**_____

In case of an accident or child irregularity, the driver or principal may notify:

Parents Signature _____ **Print** _____

***I have read and understand the bus rules and have reviewed them with my children.**

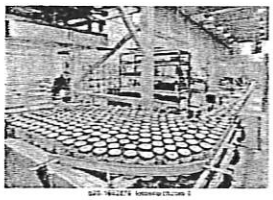
Home Address_____ **City**_____ **Zip**_____

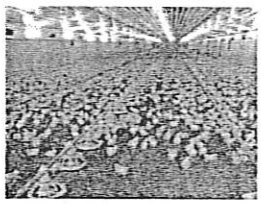
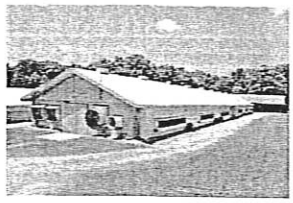
Mail Address_____ **City**_____ **Zip**_____

Home Phone_____ **Work Phone**_____

Additional comments (i.e., Medical) use back if necessary.

Region 7 Education Service Center
2020-2021



FAMILY SURVEY
2020-2021

Dear Parents,

In order to better serve your children, Cayuga I.S.D. would like to identify students who may qualify to receive additional educational services. **The information provided below will be kept confidential.** Please answer the following questions and return this survey form to your child's school.

For more information, call: Laura Poland at 903-928-2295 ext. 045

1. **Have you moved/traveled within the last 3 years?**

   ➢ Yes_____ No_____

2. **Have you moved in order to do temporary or seasonal work?**

   ➢ Yes_____ No_____

3. **Check the temporary or seasonal work that applies:**

— chickens	— picking fruits and vegetables	— lumber
— eggs	— moves to work in the summer	— dairy work
— plant nurseries	— field work	— meat processing
— ranching	— canneries	— fencing

Please provide the following information:

Name of Child _____

Date of Birth_____ Grade_____

Parent/Guardian Name _____

Telephone number _____ Best time to contact you _____

If you answered "yes" to questions 1 and 2 above, Marisol Mancha from the Region 7 Education Service Center may contact you to find out whether your child is eligible for additional educational services.

Created: 01/27/2016Reviewed: 12/12/2019Revised: 12/12/2019

Texas Education Agency
Texas Public School Student/Staff Ethnicity and Race Data Questionnaire

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. *United States Federal Register (71 FR 44866)*

Part 1. Ethnicity: Is the person Hispanic/Latino? *(Choose only one)*

☐ **Hispanic/Latino -** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

☐ **Not Hispanic/Latino**

Part 2. Race: What is the person's race? *(Choose one or more)*

☐ **American Indian or Alaska Native -** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

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

☐ **Black or African American -** A person having origins in any of the black racial groups of Africa.

☐ **Native Hawaiian or Other Pacific Islander -** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

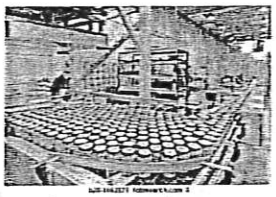
☐ **White -** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

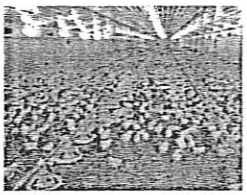
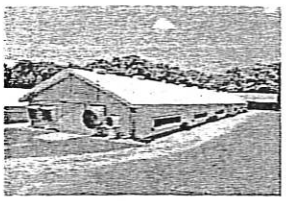
Student/Staff Name (please print)	(Parent/Guardian)/(Staff) Signature
Student/Staff Identification Number	Date

This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.

Ethnicity – choose only one:	Race – choose one or more:
_____ Hispanic / Latino _____ Not Hispanic/Latino	_____ American Indian or Alaska Native _____ Asian _____ Black or African American _____ Native Hawaiian or Other Pacific Islander _____ White
Observer signature:	Campus and Date:

Region 7 Education Service Center
2020-2021



ENCUESTA FAMILIAR
2020-2021

Queridos Padres,

Con el fin de servirle mejor a sus hijos, el distrito escolar de Cayuga le gustaría identificar estudiantes quienes pueden calificar a recibir servicios de educación adicionales. **La información que nos proporcione será confidencial.** Por favor conteste las siguientes preguntas y regrese esta forma a la escuela de su hijo/a.

Para más información, llame al: Laura Poland @ 903-928-2295 ext. 045

_____

1. **¿Usted ha viajado pora en los últimos 3 años?**

   - Sí_____No_____

2. **¿Usted se ha movido en orden de hacer trabajo temporal o estacional?**

   - Sí_____No_____

3. **Marque el trabajo temporal o estacional que aplique:**

— Pollos	— Cosecha de frutas/verduras	— Maderería
— Huevos	— Movidas para trabajar en el verano	— Trabajo lácteo
— En viveros	— Trabajo de campo	— Plantas procesadoras de carne
— En ranchos/granjas	— Fábricas de conserva	— Cercando
— Abejás	—	—

Por favor de proporcionar la información siguiente:

Nombre del niño_____

Fecha de nacimiento_____ Grado_____

Nombre del padre o tutor_____

Número de teléfono_____ Mejor tiempo para contactarla_____

Si usted contestó "si" a las preguntas 1 y 2 de arriba, Marisol Mancha del Centro de Servicio de Educación de Región 7 se pondrá en contacto con usted para decidir si su hijo/a es elegible para servicios de educación adicionales.

Created: 01/27/2016Reviewed: 12/12/2019Revised: 12/12/2019

Agencia de Educación de Texas

Cuestionario de Información de Datos Raciales y de Etnicidad de Estudiantes/Miembros de Personal de las Escuelas Públicas de Texas

El Departamento de Educación de Estados Unidos (USDE) requiere que todas las instituciones estatales y locales de educación, recopilen datos sobre etnicidad y raza de los estudiantes y de miembros de personal. Esta información es utilizada para los reportes estatales y federales así como para reportar a la Oficina de Derechos Civiles (OCR) y a la Comisión de Igualdad en el Empleo (EEOC).

Al personal del distrito escolar y los padres o representante legal de estudiantes que deseen matricularse en la escuela, se le requiere proporcionar esta información. Si usted rehúsa proporcionarla, es importante que sepa que el USDE requiere que los distritos escolares usen la observación para identificación como último recurso para obtener estos datos utilizados para reportes federales.

Favor de contestar ambas partes de las siguientes preguntas sobre la etnicidad y raza del estudiante así como del miembro de personal. Registro Federal de Estados Unidos (71 FR 44866).

Parte 1. Etnicidad: ¿Es la persona Hispana/Latina? (Escoja solo una respuesta)

☐ Hispano/Latino – Una persona de origen cubano, mexicano, puertorriqueño, centro o sudamericano o de otra cultura u origen español, sin importar la raza.

☐ No Hispano/Latino

Parte 2. Raza. ¿Cuál es la raza de la persona? (Escoja uno o más de uno)

☐ Indio Americano o Nativo de Alaska – Una persona con orígenes o de personas originarias de Norte y Sudamérica (incluyendo America Central), y que mantiene lazos o apego comunitario con una afiliación de alguna tribu.

☐ Asiático – Una persona con orígenes o de personas originarias del Lejano Este, Sureste de Asia o el subcontinente indio, incluyendo, por ejemplo a Cambodia, China, India, Japón, Corea, Malasia, Pakistán, las Islas Filipinas, Tailandia y Vietnam.

☐ Negro o Áfrico-Americano – Una persona con orígenes de cualquier grupo racial negro de África.

☐ Nativo de Hawai u otras islas del pacífico – Una persona con orígenes o de personas originarias de Hawai, Guam, Samoa u otras Islas del Pacífico.

☐ Blanco – Una persona con orígenes de personas originarias de Europa, el Medio Este o el Norte de África.

Nombre del Estudiante/Miembro de Personal legal) (por favor use letra de imprenta)	Firma (Padre/Representante /(Miembro de personal
Número de Identificación del Estudiante/Miembro del personal	Fecha

This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.	
Ethnicity – choose only one: _____ Hispanic / Latino _____ Not Hispanic/Latino	Race – choose one or more: _____ American Indian or Alaska Native _____ Asian _____ Black or African American _____ Native Hawaiian or Other Pacific Islander _____ White
Observer signature:	Campus and Date:

STUDENT AGREEMENT FOR ACCEPTABLE USE OF THE CAYUGA ISD'S TECHNOLOGY RESOURCES

You are being given access to the District-provided technology resources listed below.

With this educational opportunity comes responsibility. It is important that you and your parent read the applicable District policies, administrative regulations, and agreement form, and contact Jackie Willingham, Technology Director, at 903-928-2102 ext. 039 if you have questions. Inappropriate use of the District's technology resources may result in revocation or suspension of the privilege to use these resources, as well as other disciplinary or legal action, in accordance with the Student Code of Conduct and applicable laws.

The following guidelines apply to all District networks, e-mail accounts, devices connected to the District's networks, and all District-owned devices used on or off school property, whether connected to the District's network or connected through a personal data plan or other means of access.

Additionally, the District prohibits bullying or harassment through electronic means regardless of the device used, the network used, or the location of use. [See District policies FFH and FFI.]

You are being given access to the following technology resources:

- A District e-mail account, including access to cloud-based (online) document storage and collaboration space (Google Apps for Education) (Middle School and High School students only);
- District computer hardware, software, and printers on your school campus;
- District networks, including document storage space; and
- District-filtered Internet access.

Please note that the Internet is a network of many types of communication and information networks. It is possible that you may run across areas of adult content and some material you (or your parent) might find objectionable. While the District will use filtering technology to restrict access to such material, it is not possible to absolutely prevent such access. It will be your responsibility to follow the rules for responsible use.

Rules for Responsible Use

- District technology resources are primarily for instructional and educational purposes. Limited personal use is allowed only if the rules in this agreement are followed and the use does not interfere with school work.
- When you are issued your own account and password, you must not share your account information with another person.

- Attempting to read, delete, copy, modify, or interfere with another user's posting, transmission, or receipt of electronic media;
- Using resources to engage in conduct that harasses or bullies others;
- Sending, posting, or possessing materials that are abusive, obscene, pornographic, sexually oriented, threatening, harassing, damaging to another's reputation, or illegal, including material that constitutes cyberbullying and "sexting";
- Using inappropriate language such as cursing, vulgarity, ethnic or racial slurs, and any other inflammatory language;
- Posting personal information about yourself or others, such as addresses, phone numbers, or photographs, without permission, or responding to requests for personally identifiable information or contact from unknown individuals;
- Making appointments to meet in person people met online; if a request for such a meeting is received, it should be immediately reported to a teacher or administrator;
- Violating others' intellectual property rights, including downloading or using copyrighted information without permission from the copyright holder;
- Wasting school resources through the improper use of the District's technology resources, including sending spam; and
- Downloading unauthorized applications or software or gaining unauthorized access to restricted information or resources.

Reporting Violations

- You must immediately report to a supervising teacher or the technology coordinator any known violation of the District's applicable policies, Internet safety plan, or responsible use guidelines.
- You must report to a supervising teacher or the technology coordinator any requests for personally identifiable information or contact from unknown individuals, as well as any content or communication that is abusive, obscene, pornographic, sexually oriented, threatening, harassing, damaging to another's reputation, or illegal.

Student

Name: _____ **Grade:** _____ **School:** _____

I understand that my use of the District's technology resources is not private and that the District will monitor my activity.

I have read the District's technology resources policy, associated administrative regulations, and this user agreement, and I agree to abide by their provisions, including the District's guidelines for responsible online behavior and use of social networking websites. I understand that violation of these provisions may result in suspension or revocation of access to the District's technology resources or other disciplinary action in accordance with the Student Code of Conduct.

I understand that this user agreement must be renewed each school year.

Student's signature_____

Date: _____

Parent *[Choose one.]*

I have read the District's technology resources policy, associated administrative regulations, and this user agreement. In consideration for the privilege of my child using the District's technology resources, I hereby release the District, its operators, and any institutions with which it is affiliated from any and all claims and damages of any nature arising from my child's use of, or inability to use, these resources, including, without limitation, the type of damage identified in the District's policy and administrative regulations.

I understand that my child's use of the District's technology resources is not private and that the District will monitor my child's activity.

I understand that the District uses certain cloud-based (online) applications, meaning applications such as Google Apps for Education (G-Suite), online Gradebook, Google Classroom that allow authorized individuals to access student information, including assignments and grades, through the Internet for school-related purposes.

☐ I *give permission* for my child to access the District's technology resources, including District-approved online applications, and certify that the information contained on this form is correct.

Or

☐ I *do not* give permission for my child to access the District's technology resources.

Parent's signature _____

Date: _____

BOARD OF TRUSTEES:
Tim West, President
Tammy Lightfoot
Jessica McCann
Scott Cotton
John Paul Kelley
Donald Loving
Todd Winkel

ADMINISTRATION:
Rick Webb
Superintendent
Russell Holden
High School Principal
Sherri McInnis
Middle School Principal
Tracie Campbell
Elementary Principal

CAYUGA INDEPENDENT SCHOOL DISTRICT
P. O. Box 427, Cayuga, TX 75832
(903) 928-2102

Aug. 20, 2020

Dear Cayuga ISD Students and Parents:

During the 2020-2021 school year, the district will maintain its student drug testing program. Participation in the program will be required of all students who are involved in competitive extracurricular activities and those who park a vehicle on school property. To qualify for these benefits, it will be necessary for students in grades seven through twelve to agree to be subject to the rules and procedures of the drug testing program. Students who do not comply with the program's guidelines will not be allowed to participate in extracurricular activities or park a vehicle on the school campus.

The enclosed policy begins with an overview that lists the types of competitive extracurricular activities included in the drug testing program. It notes that the program's aims are to promote a drug-free school environment, protect the health and safety of the district's students, and provide them a means to resist peer pressure associated with the use of illegal drugs. The policy also explains the testing procedures that will be used, the substances for which students may be tested, and the consequences of positive drug tests.

We have a lot to be thankful for a Cayuga ISD. For example, the faculty is grateful for all the support we receive from the members of this community, especially our students' parents. We also thank you in advance for your cooperation with this program. Hopefully, it is another effort we can make to take care of our students.

Sincerely,

Jes Satterwhite
High School Principal

Sherri McInnis
Middle School Principal

Cody Mohan
Athletic Director

Cayuga Independent School District
Student DRUG Testing Consent Form

PRINT Student's Name: _____ Grade Level: _____

AS A STUDENT:

My signature below verifies that I understand and agree that participation in school-sponsored extracurricular activities is voluntary and a privilege, as is the opportunity to obtain a parking permit. I understand that as part of my voluntary participation in school sponsored extracurricular activities and/or in order to obtain a parking permit, I am consenting to participate in the Cayuga ISD's random student drug testing program.

I also understand that if I decline to consent to participation in the random student drug testing program, I will be unable to participate in competitive extracurricular activities and my parking permit privileges will be declined or revoked at Cayuga ISD for the entire academic school year, **2020-2021**.

AS A PARENT/GUARDIAN:

My signature below verifies that I have read "Cayuga ISD's Student Drug Testing Policy" and understand that my child's participation in school sponsored extracurricular activities is voluntary and a privilege, as is obtaining a parking permit. I understand that as part of my child's voluntary participation in school-sponsored extracurricular activities and/or in order to obtain a parking permit, I am consenting to his/her participation in Cayuga ISD's random student drug testing program for the entire academic school year, **2020-2021**.

I also understand that if I decline to consent to my child's participation in the random student drug testing program, my child will be unable to participate in school-sponsored extracurricular activities and will not have the privileges of parking a vehicle on the school campus. As evidenced by my signature below, I hereby consent to allow my son/daughter named above to undergo random drug testing for the presence of alcohol, illicit drugs and/or banned substance in accordance with Cayuga ISD Board policy. I understand that the urine collection process will be overseen by a qualified vendor and that the samples will be sent to a certified medical laboratory for testing, and that samples will be coded for confidentiality. I hereby consent to the vendor selected by the Cayuga ISD, its laboratory, doctors, employees, and/or agents to perform urinalysis testing for the detection of alcohol, illicit drugs and/or banned substances, and to confer with any necessary third parties regarding the results in order, to confirm the results of the urinalysis.

I understand that the consent granted herein is effective for the entire 2020-2021 school year.

Printed Name of Student	Signature of Student	Date
Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date

Cayuga ISD Drug Testing Authorization Form

2020-2021

Student name:_____ Gender:_____

DOB:_____

Campus: Cayuga HS Cayuga MS

Parent/Guardian Name:_____

Parent/Guardian Phone Numbers:

Cell:_____ Work:_____ Home:_____

I acknowledge that I have read a copy of the Cayuga ISD Drug Testing Policy. I recognize and understand that I may be asked to provide a urine sample for drug analysis. I consent to any such testing conducted as a part of the testing policy realizing that I may be asked more than once during the year for a urine sample. I agree that I will not refuse to take any test or otherwise dispute Cayuga ISD's right to conduct any such test(s). I have been given the right to ask questions about the drug testing policy, and I fully understand its provisions.

Student Signature:_____ Date:_____

Parent/Guardian Signature:_____ Date:_____

Notate below if the student on this form takes any prescription medication: Yes No

If yes, please list the below the prescription drugs and dosages your student takes on a permanent basis.

I understand that the prescribing doctor may have to be contacted to discuss the type of medication or the circumstances for which it is prescribed. I give my permission to the doctor(s) listed below to discuss the medication(s) prescribed to the student named on this form. The doctor will be allowed to discuss the circumstances and effects the medication(s) may have on the student's lab test results and or school performance.

Drug name:_____ Dosage:_____ Doctor:_____

Drug name:_____ Dosage:_____ Doctor:_____

Drug name:_____ Dosage:_____ Doctor:_____

Drug name:_____ Dosage:_____ Doctor:_____

Parent/Guardian Signature:_____ Date:_____

Cayuga Middle School

7th Grade Supply List

2020-2021

History-

- (1) 1 1/2-inch binder/notebook
- Map pencils
- Large book cover

English-

- Spiral notebook
- Book cover
- (1) 1-inch binder/notebook

Math-

- Pencils
- (2) Pocket folders with brads
- Composition notebook
- Package graph paper
- Glue
- Earbuds

Reading-

- (1) 1-inch binder
- Headphones/earbuds

Science-

- Composition book
- Folder with brads and pockets
- Colored pencils

Art-

- #2 Pencils
- Pencil bag
- Black Sharpie (2 fine and 2 ultra fine tips)
- 9x12 sketch book
- Map pencils or colored pencils

Some students will have Art 2nd semester (check your schedule)

Band-

- 1 inch Binder
- Dividers
- #2 pencils

Ag-

- Spiral notebook
- pencils

All Subjects- Black pens, red pens, #2 pencils, ruler, Wide-ruled notebook paper, pkg. Of a least 5 dividers to be used in Reading and English, 2 boxes of kleenex, lock for locker (optional)

****Optional Lock for locker-Must provide office with extra key/combination****

Cayuga Middle school

8th Grade Supply List

2020-2021

ALL- Red pens
Black pens
2 pkgs #2 pencils
Wide ruled notebook paper
(3) Kleenex boxes
Map colors – History, Reading, Art and Spanish
(2) Large book covers - History and Reading

History – (1) 1" inch binder

Math – (1) 1" inch binder

Science – (1) Wide ruled composition book
(1) folder with brads and pockets
colored pencils
headphones/earbuds *to be kept with student

Agriculture- 1 spiral with pockets (to be used for Ag only)
Pencils

English – (1) 1" inch binder
(1) pkg of 5 dividers (will have regular notebook tests)
(1) pkg of highlighters (to be used on reading passages)
Headphones/Earbuds (will be kept in the classroom at all times)

Art - (1) pkg # 2 Pencils
(1) pencil bag
(2) Fine Tip Black sharpies
(2) Ultra Fine Tip Black sharpies
9x12 sketchbook
map colors/colored pencils

- **Some students will have Art 2nd semester. (Check your schedule)**

Spanish 1 - (1) 3 subject spiral notebook
(1)Wide ruled composition notebook (needed 2nd semester)
Ruler
Scissors
pkg 5x8 index cards
(2) Large glue sticks
map colors/colored pencils

Band - 1 in binder
Dividers
#2 Pencils

****You may bring a lock for your locker, but Mrs. Holden has to be given your extra key/combination.****

Cayuga I.S.D.

Dear Parent/Guardian:

Children need healthy meals to learn. Cayuga I.S.D. offers healthy meals every school day. Breakfast costs $1.50; lunch costs **Elementary** $1.85, Middle School $2.30, and High School $2.50. **Your children may qualify for free meals or for reduced-price meals.** Reduced-price is $0.30 for breakfast and $0.40 for lunch. If you received a notification letter that a child is directly certified for or reduced-price meals, do not complete an application. Let the school know if any children in the household attending school are not listed in the letter.

The questions and answers that follow and attached directions provide additional information on how to complete the application. Complete only one application for all the students in the household and return the completed application to Mrs. Leslie Glenn, P.O. Box 427, Cayuga, TX 75832, e-mail @ lglenn@cayugaisd.com or call (903) 928-2102 Ext 057. If you have questions about applying for free or reduced-price meals, contact Mrs. Glenn, P.O. Box 427, Cayuga, TX 75832, e-mail: lglenn@cayugaisd.com or call (903) 928-2102 Ext 057.

1. **Who Can Get Free Meals?**
   - *Income*—Children can get free or reduced-price meals if a household's gross income is within the limits described in the *Federal Income Eligibility Guidelines*.
   - Special Assistance Program Participants—Children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program for Households on Indian Reservations (FDPIR), or Temporary Assistance for Needy Families (TANF), are eligible for free meals.
   - Foster—Foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals.
   - Head Start or Early Head Start—Children participating in these programs are eligible for free meals.
   - Homeless, Runaway, and Migrant—Children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told about a child's status as homeless, runaway, or migrant or you feel a child may qualify for one of these programs, please call or email Mrs. Poland @ 903-928-2102 Ext 045 or email: lpoland@cayugaisd.com.
   - *WIC Recipient*—Children in households participating in WIC may be eligible for free or reduced-price meals.
2. **What If I Disagree with the School's Decision About My Application?** Talk to school officials. You also may ask for a hearing by calling or writing to Dr. Webb, P.O. Box 427, Cayuga, TX 75832 or call (903) 928-2102 Ext 0161.
3. **My Child's Application Was Approved Last Year. Do I Need to Fill Out A New One?** Yes. An application is only good for that school year and for the first few days of this school year. Send in a new application unless the school has told you that your child is eligible for the new school year.
4. **If I Don't Qualify Now, May I Apply Later?** Yes. Apply at any time during the school year. A child with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.
5. **What If My Income Is Not Always the Same?** List the amount normally received. If a household member lost a job or had hours/wages reduced, use current income.
6. **We Are in The Military. Do We Report Our Income Differently?** Basic pay and cash bonuses must be reported as income. Any cash value allowances for off-base housing, food, or clothing, or Family Subsistence Supplemental Allowance payments count as income. If housing is part of the Military Housing Privatization Initiative, do not include the housing allowance as income. Any additional combat pay resulting from deployment is excluded from income.
7. **May I Apply If Someone in My Household Is Not a U.S. Citizen?** Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.
8. **Will Application Information Be Checked?** Yes. We may also ask you to send written proof of the reported household income.
9. **My Family Needs More Help. Are There Other Programs We Might Apply For?** To find out how to apply for other assistance benefits, contact your local assistance office or 2-1-1.
10. **Can I Apply Online?** No.

If you have other questions or need help, call Mrs. Glenn, P.O. Box 427, Cayuga, TX 75832, e-mail: lglenn@cayugaisd.com or call (903) 928-2102 Ext 057. si necesita ayuda, por favor llame al teléfono: Mrs. Glenn, P.O. Box 427, Cayuga, TX 75832, e-mail: lglenn@cayugaisd.com or call (903) 928-2102 Ext 057.

Sincerely,

. Glenn
Cayuga I.S.D.
Food Service Director

Directions for Applying for Free and Reduced-Price School Meals 2020-2021

Please use these instructions to complete the free or reduced-price school meals application. Submit one application per household, even if the children in the household attend more than one school in Cayuga I.S.D. Please use a **pen** (not a pencil) when completing the application. The application must be filled out completely in order for the school to make a determination if the children in your household qualify for free or reduced-price school meals. **An incomplete application cannot be approved.** Please contact Mrs. Glenn @ (903) 928-2102 Ext 057 or e-mail: lglenn@cayugaisd.com with your questions.

Step 1: List All Household Members Who Are Infants, Children, And Students Up to and Including Grade 12.

- List each child's name.

  Print first name, middle initial, and last name for each child in the household in the spaces. If there are more children than lines, use the back of the application to record additional names.

  Include all household members who are age 18 or under and are supported with the household's income including children who are not enrolled in the district. Children do NOT have to be related to anyone in the household to be a part of the household.
- Mark the box following the child's name to show if the child is a student in the Cayuga I.S.D.
- Record the child's grade if the child is in school.
- Check the appropriate box if a child qualifies for free meals as participant in the foster care system, Head Start (including Early Head Start) or if a child meets the criteria for homeless, migrant, or runaway.

  Checking Foster indicates that a foster care agency or court has placed the child in your home. If the application is being submitted for foster children only, complete Step 1, skip Step 2, and complete Step 3.

Participation in a Categorical Program

If all children in the household are participants in one of the following programs—*Foster, Head Start, Homeless, Migrant, or Runaway*, skip Step 2 and complete Step 3.

SNAP, TANF, and FDPIR: Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

If a child or adult in the household participates in Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance to Needed Families (TANF), record the Eligibility Determination Group (EDG) number in the space.

If a child or adult in the household is a participant in Food Distribution Program for Households on Indian Reservations (FDPIR), check the box to indicate participation. The Cayuga I.S.D. will contact you to obtain documentation of FDPIR participation.

If the students in the household are eligible based on SNAP, TANF, or FDPIR, skip Step 2 and complete Step 3.

Step 2: Report Income for All Household Members.

Part A. Last Four Digits of Social Security Number (SSN) of an Adult Household Member

- Provide the last four digits of the Social Security number (SSN) of an adult in the household or check the box for no SSN.

  A social security number is not required to apply for these programs.

Part B. Income for All Adult Household Members (Including Yourself, But Not Children)

- Record the first and last name of each adult in the household in the space provided.

  If there are more adults in the household than available spaces, use the back of the application. **Children's income is reported in Part C.**

  Include all adults living in the household that share income and expenses, even if the adult is not related to anyone in the household and does not receive any income. Do not include adults that are not supported by the household's income and do not contribute income to the household.
- Record the amount of income the adult receives under the type of income: Working Earnings; Public Assistance/Child Support/Alimony; Pensions/ Retirement/Social Security/Supplemental Security Income (SSI); and All Other.

Reduced-Price Meal Income Eligibility Guidelines

Family Size	Annually	Monthly	Twice per Month	Every Two Weeks	Weekly
1	$23,606	$1,968	$984	$908	$454
2	$31,894	$2,658	$1,329	$1,227	$614
3	$40,182	$3,349	$1,675	$1,546	$773
4	$48,470	$4,040	$2,020	$1,865	$933
5	$56,758	$4,730	$2,365	$2,183	$1,092
6	$65,046	$5,421	$2,711	$2,502	$1,251
7	$73,334	$6,112	$3,056	$2,821	$1,411
8	$ 81,622	$6,802	$3,401	$3,140	$1,570
For each additional family member add:					
	+ $8,288	+ $691	+ $346	+ $319	+ $160

Report all amounts in gross income only and in whole dollars. Gross income is the total income received before taxes or deductions. Ensure that the income reported has not been reduced by the amounts deducted for taxes, insurance premiums, or any other purpose. The Adult Income Information Box provides additional information on the types of income that need to be reported. Foster children may be included as a member of the household or may be included on a separate application.

Write a 0 in any field where there is no income to report. If you write 0 or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that the household income was reported incorrectly, the application will be verified for cause.

- Circle how often each type of income is received (frequency).
  - W = Weekly
  - E = Every 2 Weeks
  - T = Twice per Month
  - M = Monthly
  - A = Annually

Part C. Income for Children in the Household

- Record total income **for each child in the household who receives regular income** by how often income is received (frequency).

  Record adult income in Part B.

  Record the income of each child who receives regular income under the frequency indicating how often the income is received.

  The Child Income Information Box (on the right) provides additional information on the types of income that needs to be reported for children in the household.

Part D. Total Household Members

- Record the total number of children and adults in the household in the appropriate box.

  This number MUST be equal to the number of household members listed in Step 1 and Step 2. It is very important to list all household members as the size of the household determines the household eligibility.

Step 3: Provide Contact Information and Adult Signature.

- Read the certification statement.
- Write your current address and contact information in the space provided. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

  If you have no permanent address, this does not make your children ineligible for free or reduced-price school meals.
- Print the name of the adult signing the form, sign the form, and record today's date in the appropriate spaces.

  All applications must be signed by an adult household member. By signing the application, the household member is promising that all information has been truthfully and completely reported. Before completing this section, please read the privacy and civil rights statements on the back of the application.

Step 4: Return the Application.

- Return the application to P.O. Box 427, Cayuga, TX 75832 and/or your child's school.

Adult Income Information Box

Earnings from Work

General Types of Income
- Salary, wages, cash bonuses
- Strike benefits

U.S. Military
- Allowances for off-base housing, food, and clothing
- Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)

Self-Employed Worker
- Net income from self-employment (farm or business)—calculated by subtracting the total operating expenses of the business from its gross receipts or revenue.

Public Assistance/ Child Support/Alimony

(Do not report the value of any cash value public assistance benefits NOT listed on the chart.)
- Alimony payments
- Cash assistance from State or local government
- Child support payments from court-ordered child support or alimony decree should be reported here. Informal but regular payments should be reported as *other* income in the next part.
- Unemployment benefits
- Worker's compensation

Pensions/Retirement/ Supplemental Security Income (SSI)
- Annuities
- Income from trusts or estates
- Private Pensions or disability
- Social Security (including railroad retirement and black lung benefits)
- Supplemental Security Income (SSI)
- Veteran's benefits

All Other Income
- Earned interest
- Investment income
- Regular cash payments from outside household
- Rental income

Child's Income Information

Earnings from Work

For Example: A child has a job where she or he earns a salary or wages.

Social Security, Disability Payments

For Example: A child is blind or disabled and receives Social Security benefits.

Social Security, Survivor's Benefits

For Example: A parent is disabled, retired, or deceased, and their child receives social security benefits.

Income from any other source

For Example: A child receives income from a private pension fund, annuity, or trust

Cayuga I.S.D., 2020-2021 Standard (Multi-Child) Application for Fr[illegible]d Reduced-Price School Meals

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

This Box for School Use O[illegible]
Date Withdrawn:

Step 1: Definition of Household Member: *anyone who is living with you and shares income and expenses, even if not related.* Children in Foster care; children who meet the definition of Homeless, Migrant, or Runaway or who participate in Head Start are eligible for free meals. Please read the directions for more information.

A. List ALL Household Members Who Are Infants, Children, and Students up to and Including Grade 12. If more spaces are needed, use the Additional Names section on the back.

List each child's name. First Name	MI	Last Name	Student Attends School in District? Yes	No	Grade	Optional: Student ID Number	Check all that apply. Foster	Head Start	Homeless	Migrant	Runaway
1.			☐	☐			☐	☐	☐	☐	☐
2.			☐	☐			☐	☐	☐	☐	☐
3.			☐	☐			☐	☐	☐	☐	☐
4.			☐	☐			☐	☐	☐	☐	☐

B. Participation in a Categorical Program

- **If every child** listed in Step 1 is a participant any one of the following programs—Foster, Head Start, Homeless, Migrant, or Runaway, **skip** Step 2 and **complete** Step 3.
- **SNAP, TANF, or FDPIR:** Do any Household Members (including you) currently participate in SNAP, TANF, and/or FDPIR?
  If **No, complete** Steps 2 and 3. If **Yes to SNAP/TANF > Write** the Eligibility Determination Group (EDG) number in this space _____, **skip** Step 2, and **complete** Step 3.
  If **Yes** to **FDPIR**, check this box ☐, **skip** Step 2, and **complete** Step 3.

Step 2: Please read the directions for more information for the following questions.

Report Income for ALL Household Members (Skip this step if you entered an EDG number or checked the box to indicate participation in FDPIR in Step 1).

A. Last Four Digits of Social Security Number (SSN) of an Adult Household Member: XXX-XX __ __ __ __ ☐ Check if no SSN

B. Income for Adult Household Members (Include Yourself, But Not Children. If more spaces are needed, use the Additional Names section on the back.)

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 (without deductions) for each source in whole dollars only. Indicate the frequency of income: W=Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually. 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.

Adult's First/Last Name (Do not include the income of children in this section. The income of children goes in 2C.)	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/ Child Support/ Alimony (Enter Amount)	Frequency (Circle One)	Pensions/Retirement/ Social Security/Supplemental Security Income (Enter Amount)	Frequency (Circle One)	All Other (Enter Amount)	Frequency (Circle One)
1.	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A
2.	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A
3.	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A

C. Income for Children in the Household (Do not include adult income. Do report any type of regular income for children in the household. If more spaces are needed, use the Additional Names section on the back.)

Record total income by frequency for each child who receives regular income listed in Step 1.	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
1.	$	$	$	$	$
2.	$	$	$	$	$
3.	$	$	$	$	$

D. Total Household Members (Count all children & adults living in the household) _____

Step 3: Please read the directions for more information on signing this form.

Provide Contact Information and Adult Signature. Return this application to P.O. Box 427, Cayuga, TX 75832, lglenn@cayugaisd.com, and/or return to your child's school.

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/Apt #	City	State	Zip	Daytime Phone and Email (Optional)

Printed Name of Adult Household Member Signing the Form	Signature of Adult Household Member Signing the Form	Today's Date

Step 1: Additional Names

A. List ALL Household Members Who Are Infants, Children, and Students up to and Including Grade 12. *If more spaces are needed, use the Additional Household Member Sheet on the back.*

List each child's name. First Name	MI	Last Name	Student Attends School in District? Yes	No	Grade	Optional: Student ID Number	Check all that apply. Foster	Head Start	Homeless	Migrant	Runaway
5.			☐	☐			☐	☐	☐	☐	☐
6.			☐	☐			☐	☐	☐	☐	☐
7.			☐	☐			☐	☐	☐	☐	☐
8.			☐	☐			☐	☐	☐	☐	☐
9.			☐	☐			☐	☐	☐	☐	☐

Step 2: Additional Names

B. Income for Adult Household Members (Include Yourself, But Not Children)

Adult's First/Last Name (Do not include the income of children in this section. The income of children goes in 2D.)	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/ Child Support/ Alimony (Enter Amount)	Frequency (Circle One)	Pensions/Retirement/ Social Security/Supplementa lSecurity Income (Enter Amount)	Frequency (Circle One)	All Other (Enter Amount)	Frequency (Circle One)
4.	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A
5.	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A
6.	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A

C. Income for Children in the Household (Do not include adult income. Do report any type of regular income for children in the household.)

Record total income by frequency for each child who receives regular income listed in Step 1.	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
1.	$	$	$	$	$
2.	$	$	$	$	$
3.	$	$	$	$	$

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: (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.

Do Not Fill Out This Part. This Is For School Use Only.

Income Determination: Multiple income frequencies must be converted to annual amounts and combined to determine household income. Do not convert if only one income frequency is provided by the household. If converting income to annual, round only the final number—Annual Income Conversion: Weekly x 52 | Every 2 Weeks x 26 | Twice a Month x 24| Monthly x 12 Household Size: _____ Total Income: _____ Weekly ☐ Every 2 Weeks ☐ Twice a Month ☐ Monthly ☐ Annually ☐	**Date Received:** **Categorical Determination:** ☐ **Eligibility:** Free ☐ Reduced ☐ Denied ☐

Reviewing/Determining Official's Signature/Date	Confirming Official's Signature/Date	