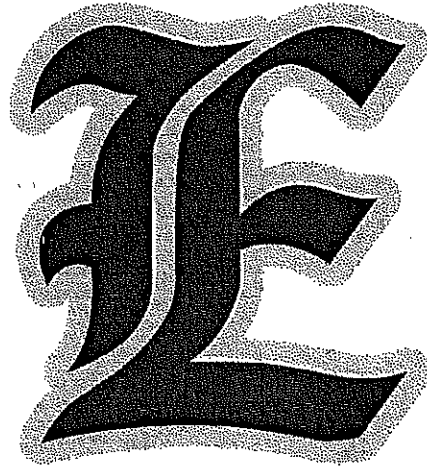


Edgewood Elementary School

(Pre-K through 5th Grade)

Registration Packet

2017-2018



Edgewood Elementary School

804 E. Piné Edgewood, TX 75117

Office Number: 903-896-4332 Primary Campus Option 3, Intermediate Campus, Option 4

Primary Principal: Kristy Jones kjones@edgewood-isd.net

Intermediate Principal: Becky Goodwin bgoodwin@edgewood-isd.net

Please print the registration packet, fill it out completely and bring it with you to Meet the Teacher.

Meet the Teacher

August 17, 2017

High School: 5:30 PM - 6:30 PM

Middle School: 6:00 PM - 7:00 PM

Intermediate School: 6:00 – 7:00 PM

Primary School: 5:45 – 6:45 PM

Please utilize this time to stop by and meet your student's teachers for the year.

Please note for Primary and Intermediate, you may use this time to drop off all your student's school supplies and turn in their Registration Packets, also.



Edgewood Independent School District

804 East Pine, Edgewood, TX 75117 Main Phone Number: 903-896-4332

STUDENT ENROLLMENT/REGISTRATION FORM

Office use only: ID# _____ Grade: _____ D.O.B.: _____ Entry date: _____

Student's Last Name: _____ First Name: _____ Middle: _____
 Preferred Name: _____ D.O.B. _____ Sex: _____ Place of Birth: _____
 Physical Address: _____ City _____ Zip Code _____
 Mailing Address: _____ City _____ Zip Code _____
 Home Phone: _____ Preferred Email Address: _____
 Is your child in any special programs? Gifted/Talented Speech Special Education BSL 504 Dyslexia

Father/Guardian
 Name: _____ Address: _____ Home Phone: _____
 Cell Phone: _____ E-mail: _____
 Employer: _____ Work Phone: _____

Mother/Guardian
 Name: _____ Address: _____ Home Phone: _____
 Cell Phone: _____ E-mail: _____
 Employer: _____ Work Phone: _____

Please list all guardianship or custody arrangements of which school administrators should be aware. Attach all copies of legal documents pertaining to this. **INCLUDE ANYONE WHO CANNOT PICK UP YOUR CHILD.**

OTHER PEOPLE WHO MAY BE CONTACTED IN THE EVENT OF A SICK CHILD OR AN EMERGENCY
 Please list at least 2 additional contact people.

Name & Relationship: _____ Contact Phone: _____
 Name & Relationship: _____ Contact Phone: _____
 Name & Relationship: _____ Contact Phone: _____

Brothers/Sisters	Grade	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous School Attended: _____ Phone: _____
 School Address: _____

Regardless of whether a child's parent, guardian, or other person with legal control of the child under a court order is enrolling the child under Section 25.022(f); a school district is required to record the name, address, and the date of birth of the person enrolling the child.

This information is required for a permanent school record of your child and will be used by school personnel. Presenting false documents, records or information is a violation of state law and may subject you to tuition cost for your child. I certify that the information given is correct. I authorize the school to contact the person named on this form and the 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 judgment for the health of the child. I will not hold the school district financially responsible for emergency care and/or transportation.

Parent/Guardian Signature

Date of Birth

Date

Please understand it is your responsibility to contact the office if any of this information changes.



Edgewood Independent School District
 804 East Pine, Edgewood, TX 75117 Main Phone Number: 903-896-4332

Transportation Information

903-896-4332

Transportation Office: Option 1

Primary Campus: Option 3

Intermediate Campus: Option 4

Middle School Campus: Option 5

High School Campus: Option 6

Please indicate below whether or not your child will ride the school bus.

_____ No, my child will not ride the school bus.

_____ Yes, my child will ride the school bus for school year 20__ - 20__

Current Bus# _____

Student Name: _____ Grade: _____

Current Physical Address: _____ City: _____

Home Phone: _____

Mother's / Guardian Name: _____ Phone #: _____

Father's / Guardian Name: _____ Phone #: _____

Emergency Contact Name: _____ Phone #: _____

Names of other siblings on this bus route:

Name: _____ Campus: _____

Name: _____ Campus: _____

Name: _____ Campus: _____

If you have specific questions, please contact the Transportation Office or the appropriate campus office.



Edgewood Independent School District

804 East Pine, Edgewood, TX 75117 Main Phone Number: 903-896-4332

Health Information Record

Name (last,first,middle) _____

Grade: _____ D.O.B. _____ Home Phone #: _____

Address: _____

Father / Guardian's Name: _____

Cell #: _____ Work #: _____

Mother / Guardian's Name: _____

Cell #: _____ Work #: _____

With whom does the child live? _____

List two alternate adults who will assume temporary care of your child if you cannot be reached:

1. Name: _____ Phone #: _____

2. Name: _____ Phone# _____

Physician: _____ Phone #: _____

Dentist: _____ Phone #: _____

Hospital Preference (if indicated) _____

Please check any of the following condition(s) your child has had of which the school nurse should be aware.

ADD/ADHD

If your child has had the chicken pox disease / infection,
please indicate month & year: _____

Asthma

Blood Disorder

Diabetes

Epilepsy I Seizures

Heart Condition

Does your child have any vision or hearing problems?

Yes No If yes, please specify:

Please list any condition not listed above the nurse should be aware of: _____

Is your child allergic to any medications? Yes No

Does your child have allergic reactions to any food or insect bites Yes No

If yes to either of the allergic reaction questions above, please specify type of allergy, reaction, and any treatment needed: (NOTE: PLEASE INCLUDE PEANUT ALLERGIES OR OTHER FOOD ALLERGIES)

Please list any medication(s) your child is taking on a regular basis: _____

May we have your permission to allow an emergency medical provider to care for your child in the event of an emergency and we are unable to contact you? Yes No

Signature of Parent / Guardian _____ Date: _____



Edgewood Independent School District

804 East Pine, Edgewood, TX 75117 Main Phone Number: 903-896-4332

Acknowledgment of Student Handbook and Student Code of Conduct Electronic Distribution or Paper Copy (Parental Choice)

My child and I have been offered the option to receive a paper copy of the EISD Student Handbook and Student Code of Conduct or to electronically access the documentation at www.edgewood-isd.net.

I have chosen to:

_____ Receive a paper copy of the Student Handbook and the Student Code of Conduct.

_____ Accept responsibility for accessing the Student Handbook and the Student Code of Conduct by visiting the Web address listed above.

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 the Student Handbook or the Student Code of Conduct, I should direct those questions to the appropriate campus office at 903-896-4332:

Primary Campus: Option 3 Intermediate Campus: Option 4 Middle School: Option 5 High School: Option 6

Printed name of student: _____

Signature of student: _____

Signature of parent: _____ Date: _____

Directions for Accessing the Electronic Version of the Documentation:

1. Type www.edgewood-isd.net in your web browser
2. Choose Parents & Students from the top of the page
3. Choose Student Handbooks & Code of Conduct on the drop down menu

All four campus handbooks and the Student Code of Conduct will be accessible from this area.



Edgewood Independent School District
 804 East Pine, Edgewood, TX 75117 Main Phone Number: 903-896-4332

EDGEWOOD ISD STUDENT DIRECTORY INFORMATION LEGISLATIVE UPDATE [Sec.26013]

*For questions regarding this form please contact the appropriate campus at 903-896-4332:
 Primary Campus: Option 3 Intermediate Campus: Option 4 Middle School: Option 5 High School: Option 6*

Edgewood ISD provides to the parent of each district student at the beginning of each school year, or on enrollment of the student after the beginning of a school year, the following information:

- (1) written explanation of the provisions of the Family Educational Rights and Privacy Act of 1874(20 U.S.C).
- (2) written notice of the right of the parent to object to the release of directory information about the student under the Family Educational Rights and Privacy Act of 1974 (20U.S.C. Sec. 1232g).

NOTICE: According to the Texas Public Information Act, certain information about district students is considered directory information and will be released to any individual or organization that follows the procedures for requesting information unless the parent or guardian objects in writing. If you do not want Edgewood ISD to disclose directory information from your child's education records without your prior written consent, you must notify the district in writing by the end of the first 10 days of instruction.

Edgewood ISD has designated the following information as directory information:

- Student's name, address, telephone number, and date and place of birth
- Photograph, participation in officially recognized activities and sports, and weight and height of athletic teams
- Dates of attendance, grade level, enrollment status, honors and awards received in school, and most recent school attended previously

A parent is allowed to record his/her objection to the release of all directory information or more specific category of directory information. Please circle your choice for release of directory information.

Military and Higher Education Use: Federal law requires districts receiving assistance under the Elementary and Secondary Education Act of 1965(20 U.S.C. Sec. 6301 et seq.) to provide a military recruiter or an institution of higher education, on request, with the name, address, and telephone number of a secondary student unless the parent has advised the district that the parent does not want the student's information disclosed without the parent's prior written consent. *Selecting "Yes" will allow the release of this information to a military recruiter or institution of higher education. Selecting "No" will exclude your student from these requests.*

YES NO

Local Use (School-Sponsored Purposes): Selecting "Yes" allows for the release of directory information by EISD for district publications and positive publicity (Yearbook, newsletters, district website, awards, honors, PTO, booster clubs, local newspaper, etc.). *Example: If you select "No" your student would not be in the yearbook or would not appear in the local newspaper or on the district website if he or she won an award.*

YES NO

Public Use (Third Parties): Selecting "Yes" allows for the release of directory information about your child in accordance with a Texas Public Information Act request. Selecting "No" will restrict your student from these requests. *Example: If you select "Yes" your student's directory information will be released to vendors or others who may be soliciting products or services.*

YES NO

EISD Electronic Display: Selecting "Yes" allows EISD to display your child's artwork, photographs, and name on the district webpage or social media with the understanding that the district will follow all safety guidelines – children will never be identified by full name, only first initial and last name may be used and they will never be tagged on social media or identified in photographs. *Selecting "No" will restrict EISD from publishing any award or recognitions of your student.*

YES NO

Student Name: _____

Parent Signature: _____

Grade: _____

Date: _____



Edgewood Independent School District
804 East Pine, Edgewood, TX 75117 Main Phone Number: 903-896-4332

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



Edgewood Independent School District

804 East Pine, Edgewood, TX 75117 Main Phone Number: 903-896-4332

Acknowledgment of Student Technology Acceptable Use Policy Electronic Distribution or Paper Copy (Parental Choice)

Dear Parent,

With your permission, your child has the opportunity to be given access to the District's electronic communications system. Your child will be able to communicate with other schools, colleges, organizations, and individuals around the world through the Internet and other electronic information systems/networks.

The Internet is a network of networks. Through the District's electronic communications system, your child will have access to hundreds of databases, libraries, and computer services all over the world. With this educational opportunity also comes responsibility. It is important that you and your child read the enclosed District policy, administrative regulations, and agreement form and discuss these requirements together.

Please note that your child may be allowed to use the Internet in ways at home that are forbidden at school and will result in disciplinary actions. Students are not allowed to email, chat, blog or use message board sites on school computers. In addition, any use of social software is also prohibited. Social software includes sites such as, but not limited to, Facebook, Instagram, Twitter, Snapchat, etc. Any attempts to gain access to these types of sites will be deemed as inappropriate use of the school computers.

Inappropriate system use will result in the loss of the privilege to use this educational tool. Please be aware that the Internet is an association of diverse communication and information networks. We want to assure you, that the District is compliant with requirements by federal law (Children's Internet Protection Act (CIPA)) to use technology protection measures to limit access to material considered harmful or inappropriate to students. However, you must understand that even with all of these required measures in place, it may not be possible for us to absolutely prevent inappropriate access. Despite our best efforts and beyond the limits of filtering technology, your child may run across areas of adult content and some material you might find objectionable.

Please return both the acknowledgement of agreement form indicating your permission or denial of permission for your child to participate in the District's electronic communications system.

Sincerely,

Lori Robert, Technology Director EISD

My child and I have been offered the option to receive a paper copy of the EISD Student Technology Acceptable Use Policy or to electronically access the documentation at www.edgewood-isd.net.

I have chosen to:

- Receive a paper copy of the Student Acceptable Use Policy
- Accept responsibility for accessing the Student Acceptable Use Policy by visiting the Web address listed above.

Directions for Accessing the Electronic Version of the Documentation:

1. Type www.edgewood-isd.net in your web browser
2. Choose Parents & Students from the top of the page
3. Choose Student Technology Acceptable Use Policy on the drop down menu

Student ID Number: _____

The student agreement must be renewed each academic year.

STUDENT:

Student's name: _____ Grade: _____ Campus: _____

I understand that my computer use is not private and that the District will monitor my activity on the computer system. I have read the District's electronic communications system policy and administrative regulations and agree to abide by their provisions. I understand that violation of these provisions may result in suspension or revocation of system access.

Student's signature: _____ Date: _____

PARENT:

I give permission for my child to participate in the District's electronic communications system and certify that the information contained on this form is correct.

I do not give permission for my child to participate in the District's electronic communications system. By checking this box, I am prohibiting my child from taking place in any computer classes and assignments.

I have read the District's electronic communications system policy and administrative regulations. In consideration for the privilege of my child using the District's electronic communications system, and in consideration for having access to the public networks, I hereby release the District, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my child's use of, or inability to use, the system, including, without limitation, the type of damage identified in the District's policy and administrative regulations.

Signature of parent: _____ Date: _____ Contact phone number: _____



Edgewood Independent School District
804 East Pine, Edgewood, TX 75117 Main Phone Number: 903-896-4332

CORPORAL PUNISHMENT FORM

Student Name: _____

Grade: _____

Corporal punishment may be used as a discipline technique in accordance with the Student Code of Conduct. Corporal punishment shall be limited to paddling the student and shall be administered only in accordance with the following guidelines:

1. The student shall be told the reason corporal punishment is being administered.
2. Corporal punishment shall be administered only by the principal, assistant principal or designee.
3. The instrument to be used in administering corporal punishment must be approved by the principal.
4. Corporal punishment shall be administered in the presence of one other district professional employee and in a designated area out of view of other students.
5. Students may choose corporal punishment in lieu of detention with parental permission. There may be some instances in which students will **not** be allowed to choose corporal punishment and that will be at the discretion of the administrator.

_____ My child is allowed to receive corporal punishment.

_____ My child is allowed to receive corporal punishment but I want to be notified by phone beforehand.
Contact Name: _____ Phone Number: _____

_____ My child IS NOT allowed to receive corporal punishment

Parent signature: _____

Student signature: _____

Student name printed: _____

Date: _____



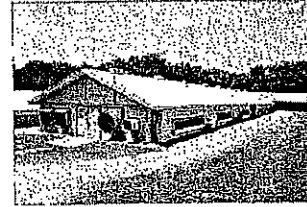
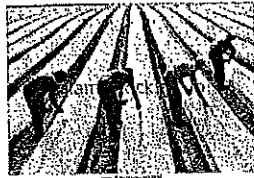
EDGEWOOD ISD 804 East Pine Edgewood Tx 75117

Dear Parent/Guardian,

Please complete the attached Student Residency Form and indicate at the bottom of this letter if you are a Hurricane Harvey Refugee.

_____ I am a Hurricane Harvey Refugee and am living in temporary housing.

Thank you
Edgewood ISD



FAMILY SURVEY

2017-2018

Dear Parents,

In order to better serve your children, the _____ school district 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: _____

1. Have you moved 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:

- | | | |
|--|--|--|
| <input type="checkbox"/> chickens | <input type="checkbox"/> picking fruits and vegetables | <input type="checkbox"/> lumber |
| <input type="checkbox"/> eggs | <input type="checkbox"/> moves to work in the summer | <input type="checkbox"/> dairy work |
| <input type="checkbox"/> plant nurseries | <input type="checkbox"/> field work | <input type="checkbox"/> meat processing |
| <input type="checkbox"/> ranching | <input type="checkbox"/> canneries | <input type="checkbox"/> fencing |

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. Please provide the following information:

Name of Child _____

Date of Birth _____

Grade _____

Parent/Guardian Name _____

Telephone number _____ Best time to contact you _____

EDGEWOOD ISD

Dear Parent/Guardian:

Children need healthy meals to learn. *Edgewood ISD* offers healthy meals every school day. Breakfast costs \$1.75; lunch costs \$2.50 for Children PK-5th Grade, \$2.75 for 6th- 8th Grade & \$3.00 for 9th-12th Grade. **Your children may qualify for free meals or for reduced-price meals.** Reduced-price is .30 for breakfast and .40 for lunch. If you received a notification letter that a child is directly certified for free 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 *Edgewood ISD 804 E. Pine Street Edgewood TX. 75117/ or Your Child's Campus*. If you have questions about applying for free or reduced-price meals, contact *Peggy Gammons at pgammons@edgewood-isd.net OR CALL 903-896-4332 EXT 8029*.

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, Early Head Start, and Even 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 *Kristin Prater at 903-896-4332 or kprater@edgewood-isd.net*.
- **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 **ANDY BAKER 804 E PINE EDGEWOOD, TEXAS 75117 OR 903-896-4332**.

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 you have other questions or need help, call **PEGGY GAMMONS AT 903-896-4332 EXT 8029**. Si necesita ayuda, por favor llame al teléfono: .

Sincerely,
PEGGY GAMMONS

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.

Edgewood ISD, 2017-2018 Multi-Child Application for Free and Reduced-Priced School Meals

This Box for School Use Only.
Date Withdrawn:

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

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.

Definition of Household Member: Anyone who is living with you and shares income and expenses, even if not related.	First Name	MI	Last Name	Student Attends School in District?		Grade	Optional: Student ID Number		Foster	Head Start	Homeless	Migrant	Runaway
				Yes	No								
1.				<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.				<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.				<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.				<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.				<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.				<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 FDIPIR: Do any Household Members (including you) currently participate in SNAP, TANF, and/or FDIPIR? 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 FDIPIR, check this box skip Step 2, and complete Step 3.

Step 2
Please read the directions for more information.

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

A. Total Household Members (Children & Adults) _____ B. Last Four Digits of Social Security Number (SSN) of an Adult Household Member: XXX-XX-____ Check if no SSN

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

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 2D.)	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/Child Support/Alimony (Enter Amount)	Frequency (Circle One)	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
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

D. Combined Income for Children in the Household (Do not include adult income). Record combined total income by frequency for all children listed in Step 1.

Weekly \$ _____ Every 2 Weeks \$ _____ Twice per Month \$ _____ Monthly \$ _____ Annually \$ _____

Step 3
Provide Contact Information and Adult Signature. Return this application to Edgewood ISD 804 E. Pina, Edgewood, TX 75117 c/o Catalina Manager. 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 _____

Additional Household Member Space—2017-2018 Multi-Child Application for Free and Reduced-Price School Meals

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

List each child's name. First Name	MI	Last Name	Student Attends School in District?		Grade	Optional Student ID Number	Check all that apply.					
			Yes	No			Foster	Head Start	Homeless	Migrant	Runaway	
7.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Step 2, Additional: Report Income for ALL Household Members (Skip this step if you entered an EDG number or checked the box to indicate participation in FDP/IR in Step 1).

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/ Supplemental Security Income (Enter Amount)	Frequency (Circle One)	All Other (Enter Amount)	Frequency (Circle One)
6.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
7.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
8.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
9.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
10.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A

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 FDP/IR 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, 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) 832-9992. 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

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

Date Received: _____

Categorical Determination: Free Reduced Denied