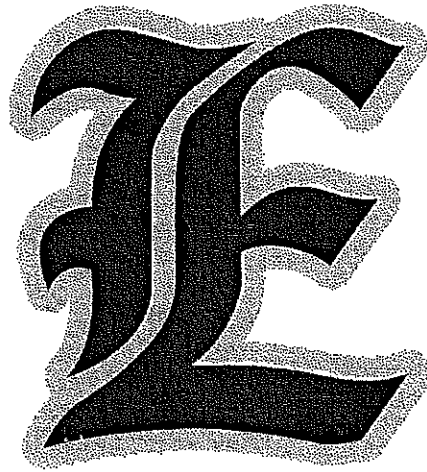


# Edgewood High School

## 2017-2018 Registration Packet



### Edgewood High School

804 E. Pine Edgewood, TX 75117 Office Number: 903-896-4332 Option 6  
Principal: Mark Kellogg [mkellogg@edgewood-isd.net](mailto:mkellogg@edgewood-isd.net)  
Assistant Principal: Jason Seale [jseale@edgewood-isd.net](mailto:jseale@edgewood-isd.net)

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

#### 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.

#### High School Registration:

Registration times for High School Students are as follows:

August 7th:

8:30 - 11:30 AM and 1:00 - 3:00 PM - *SENIORS* only

August 8th:

8:30 - 11:30 AM and 1:00 - 3:00 PM - *returning 9<sup>th</sup> - 11<sup>th</sup> grade students*

August 9th:

8:30 - 11:30 AM and 1:00 - 3:00 PM - *returning 9<sup>th</sup> - 11<sup>th</sup> grade students AND new students*

In order to receive schedule ALL forms must be completed and returned during registration. Students who complete the early registration process (ALL forms complete and returned during registration) will be placed in a drawing for prizes.



# 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 ESL 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

Middle School Campus: Option 5

High School Campus: Option 6

Primary Campus: Option 3

Intermediate Campus: Option 4

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.



## 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,

Asthma

please indicate month & year: \_\_\_\_\_

Blood Disorder

Diabetes

Does your child have any vision or hearing problems?

Epilepsy I Seizures

Yes  No If yes, please specify:

Heart Condition

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](http://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](http://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](http://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](http://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*



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

**Student Residency Questionnaire**

The information on this form is required by the McKinney-Vento Act 42 U.S.C. which is part of the No Child Left Behind Act. The answers you provide will help the school determine the services the student may be eligible to receive.

*Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. (TEC Sec. 25.022(3)(d))*

Name of Student \_\_\_\_\_ Gender:  Male  
Last First Middle  Female

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_ Campus \_\_\_\_\_ Student ID \_\_\_\_\_  
Month/ Day/ Year

Name of person with whom student resides \_\_\_\_\_  
 Address \_\_\_\_\_ Apt # \_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

1. Is your current address a temporary living arrangement? YES NO
2. Is this temporary living arrangement due to loss of housing or economic hardship? YES NO
3. Is the student currently in the conservatorship of the Department of Family and Protective Services (DFPS)? YES NO

If you answered YES to the above questions, please complete the remainder of the form. If you answered NO, please stop here.

- Where is the student presently living?
- In the home of a friend/relative due to loss of housing (loss of housing, economic hardship)
  - Shelter (family shelter, domestic violence shelter, children/youth shelter)
  - Motel (loss of housing, do not have 'fixed' nighttime residence)
  - Unsheltered (car, tent, van, abandoned building, on the street, campground, in the park)
  - Other -- please describe \_\_\_\_\_

The student lives with:

- Parent(s)
- Adult/relative who is not a legal guardian
- Legal Guardian(s)
- Alone with no adult(s)

I am:

- The parent/legal guardian of this student
- A qualified adult/relative of this student
- The student (Unaccompanied Youth)

Signed \_\_\_\_\_ Date \_\_\_\_\_

*For School Use Only*  
 Send a copy of this paperwork to Kristin Prater, Director of Student Services and Federal Programs

I certify the above named student qualifies for the Child Nutrition Program under the provision of the McKinney-Vento Act

District Homeless Liaison \_\_\_\_\_ Date \_\_\_\_\_



# Edgewood Independent School District

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

## Drug Testing Program

(Approved by the Board of Trustees on July 21, 2008)

Objective: To deter drug use among Edgewood ISD students in grades 7-12.

Plan: 1) To randomly test 20 students for drugs 9 times throughout the school year. 2) The school district's administration or designee may, at any time during the school year, select any extra-curricular group of students or team to be tested for drugs.

All students in grades 7-12 who participate in an extra-curricular activity must be included in the "testing pool". For this policy, the "testing pool" is defined as the group of students who are either involved in extra-curricular activities or requested by their parents to participate in the random selection process.

### Testing Procedure

- The program administrator will be the Edgewood ISD Superintendent
- Onsite Collections will be performed by certified specimen collectors from THE Lab (in Tyler)
- Random testing dates are selected by THE Lab. 2) Any group or team testing date will be selected by an administrator or designee.
- Campus principals will provide a list of students in the testing pool (ID numbers only) to the testing company...Random student selection will be performed by THE Lab (it is possible for students to be selected to participate many times in the same year)
- Students will be escorted from their classroom to the test area (no jackets or purses) with no detours to locker, restroom, office, vehicle, etc.... different times and locations for males/females...
- Technicians will provide students with opportunity to list current medications being taken and a collection cup (ID # attached to cup)
- Students will be required to submit a urine sample immediately upon request
- Students will be required to observe the sealing of the specimen and sign a Chain of Custody form with the identification #
- Students will be released to return to class
- Results will be double-checked if found to be positive
- 99.8% accuracy

Drugs to be tested for: Amphetamine/Methamphetamine Barbiturates  
Benzodiazepines Cannabinoids Opiates Cocaine Metabolites Methadone  
Methaqualone Phencyclidine Propoxyphene

### Confidentiality

The collection and coding of specimen samples are executed in a manner that ensures total confidentiality and proper identification. Test results are known only by student, parents, and district designees. All test results will be destroyed when the student is no longer eligible (by age) to participate in extra-curricular activities. THE Lab will store positive specimens frozen for one year after the test date; negative specimens will be kept refrigerated for one week after the test date.

### Offenses

Offenses are defined as admissions of consuming drugs, a positive test result, or a refusal to test. A positive test result becomes an offense only after all appeals have been exhausted. Students will have an opportunity to respond to the results. A student wishing to contest a positive test result may, at his or her own expense, request an additional test from a split sample. This must be performed by a certified testing company approved by Edgewood ISD, within time constraints dictated by Edgewood ISD. Parents may initiate an appeal as outlined in District Policy FNG (local). During the appeal process, students are eligible to participate in extra-curricular activities.

### Disciplinary Measures

All offenses are cumulative for students' entire educational career (grades 7-12). Edgewood ISD will not be responsible for counseling costs incurred while fulfilling requirements to regain eligibility for extra-curricular activities.

#### First Offense:

- 1) Parent and student are required to meet with the campus principal.
- 2) The student who participates in extra-curricular activities must serve a suspension from those activities (tryouts included) for 60 calendar days. The suspension will be reduced to 30 days if the student provides proof of drug counseling from a certified drug counselor approved by Edgewood ISD.
- 3) The student, whether or not he/she participates in extra-curricular activities, must test at every EISD-provided drug test for one calendar year (Exception: see 2nd Offense, Rule 3 - for students who do not participate in extra-curricular activities). If the student does not test positive for that year, he/she will return to random test status.

#### Second Offense:

- 1) Parent and student are required to meet with the campus principal.
- 2) The student who participates in extra-curricular activities must comply with the following to regain eligibility:
  - a. serve a suspension from all extra-curricular activities (tryouts included) for one calendar year;
  - b. provide proof of drug counseling from a certified drug counselor;
  - c. be tested at every drug-testing opportunity provided by EISD for the remainder of his educational career at EISD.
- 3) The student who does not participate in extra-curricular activities will be removed from the "testing pool" for one calendar year unless their parents: provide proof of counseling, or reimburses EISD for drug-testing costs.

#### Third Offense:

The student will be removed from the pool of eligible students and suspended from extra-curricular activities for the remainder of his educational career at Edgewood ISD.



# Edgewood Independent School District

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

## Drug Testing Authorization

STUDENT NAME (PLEASE PRINT) \_\_\_\_\_

Please check the box and complete the section that applies to your child's situation and return to the campus office.

I am the parent of a student who will participate in at least one extra-curricular activity this school year. I am aware that my child, \_\_\_\_\_ will be required to participate in the Random Drug & Alcohol Testing Program for the entire year. I acknowledge that I have received a copy of the Edgewood ISD Drug / Alcohol Policy and understand the consequences for a positive test result.

I am the parent of a student who will not participate in an extra-curricular activity this school year. However, I would like to request that my child, \_\_\_\_\_, participate in the Random Drug & Alcohol Testing Program for the entire year. I acknowledge that I have received a copy of the Edgewood ISD Drug / Alcohol Policy and understand the consequences for a positive test result.

Listed below are the prescription drugs and dosages my son/daughter takes on a permanent basis. I understand that, depending on the type of medication and circumstances, its use may have to be verified and discussed with the doctor who prescribed it. I give my permission to the doctor(s) who prescribed medication for the treatment of my child/s medical condition(s) to verify the circumstances and discuss any effects that the medication(s) may have on my child's drug test results.

Drug Name: \_\_\_\_\_ Dosage: \_\_\_\_\_

Drug Name: \_\_\_\_\_ Dosage: \_\_\_\_\_

My child does not take any prescription medication on a permanent basis.

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Grade: \_\_\_\_\_ Date: \_\_\_\_\_

I would like to be notified if my child's specimen produces a negative result, but indicates trace amounts of illegal substances or alcohol, which are not enough to register as a positive result.

\*\*\*\*\*

### Extra-Curricular Activities (as defined for this program)

All UIL Academic Competitions  
Academic Rodeo  
Future Farmers of America  
Student Council

All UIL Athletic Competitions  
Band (Twirlers & Flag Corps)  
One-Act Play  
Gifted/Talented Competitions

Academic Decathlon  
Cheerleading  
United Nations Simulation  
Robotics



## Electronic Devices and Technology Resources

EISD acknowledges that personal electronic devices such as cell phones, smart phones, computers and other privately owned electronic devices can often expand a student's classroom academic experience. In an effort to facilitate this positive relationship between technology and classroom achievement, EISD has created the following Electronic Devices and Technology Resources agreement. Violation of this agreement may result in suspended and/or revoked open technology use privileges in addition to Student Code of Conduct disciplinary action. Students will be permitted to possess and use personal electronic devices at Edgewood Middle School and High School within the following guidelines:

1. **Devices MAY be used...**

Before school, prior to the tardy bell after last daily bell, during lunch, and passing periods.

**Devices MAY NOT be used...**

In any athletic/PE locker room, in any restroom facility office areas, classrooms without teacher permission, & any other areas deemed inappropriate

2. Classroom teachers will decide when personal student electronic devices are appropriate for their lesson objectives and will provide their students with specific instructions concerning their use. Personal student devices may not be used in classroom without direct teacher permission. Until express permission is provided by classroom teacher, personal student electronic devices are not allowed to be used in the classroom and must be silenced when entering all classrooms, athletic/PE locker rooms, restroom facilities, and office areas.
3. All music, video, or game content present on personal student electronic devices must be school appropriate and cannot disrupt the educational environment. Appropriateness of content shall be at the discretion of campus administration.

Violations of this agreement will result in confiscation of the electronic devices; items will be turned in to the appropriate Principal's office. Any revocation of technology use privilege and disciplinary action and/or fine will follow the Student Handbook and Student Code of Conduct.

**Student Acknowledgement: (Please write out the following statement)**

*"I have read and understand this Electronic Devices and Technology Resources agreement and agree to follow the above guidelines regarding the use of my personal cell phone and other electronic devices and understand that violation of this agreement may result in suspended and/or revoked open technology use privileges in addition to student code of conduct disciplinary action."*

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Student Name (Print)	Student Signature	Date

**Parental Acknowledgement:**

I have read and agree that my child will follow the above guidelines regarding cell phone and other electronic device use and understand that violation of this agreement may result in termination of this privilege.

Parental Acknowledgement Signature	Date



# Edgewood Independent School District

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

## Attendance Warning Notice Acknowledgement Form

State law requires that a student may not be given credit for a class unless the student is in attendance a minimum of 90% of the days the class is scheduled to meet. If a student is in attendance less than 90% of the days the class meets, the student will lose credit unless each and every class is made up in an acceptable manner, such as but not limited to, Saturday School, after school hours, etc. Time made up allows for credit to be given but does not remove the absence documented by the school to meet state compulsory attendance requirements. If the student drops below 90% but remains at least at 75% of the days the class is offered, the student may earn credit for the class by completing a plan approved by the principal. This plan must provide for the student to meet the instructional requirements of the class as determined by the principal.

Translation: A high school student should not have more than 9 absences (excused or unexcused) per class, per semester. The tenth absence = no credit.

PLEASE COMPLETE AND RETURN THIS FORM

We have read and understand the Attendance Warning Notice.

\_\_\_\_\_  
Student Name (Please print)

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

For further information about attendance requirements, please refer to the Attendance Policies in the Edgewood ISD Student Handbook.



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

**Edgewood High School  
Student Parking Information**

**Personal Information:**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

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

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

Parking Tag # \_\_\_\_\_

**Vehicle Description #1**

Make \_\_\_\_\_

Model \_\_\_\_\_

Color \_\_\_\_\_

License Plate \_\_\_\_\_

**Vehicle Description #2**

Make \_\_\_\_\_

Model \_\_\_\_\_

Color \_\_\_\_\_

License Plate \_\_\_\_\_





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

## **Edgewood High School Class Dues**

Each year students are asked to pay \$20.00 in class dues. The purpose of class dues are to pay for Prom and the Senior Trip. In order to attend each event, dues must be paid in full. For example, if a student chooses to attend Prom their Junior year and they have not paid their dues then they must pay \$60.00, plus a possible late fee, before Prom. (This does not include the price of the Prom ticket) Also, an underclassman that attends with an upperclassman must have their dues paid in full for one or both years.

Late fees are assessed only for Juniors and Seniors. If not paid, they will increase to \$40.00 and must be paid by February 18<sup>th</sup>. After this deadline, Juniors and Seniors, will NOT be able to attend Prom or Senior Trip.

Early graduates must pay both Junior and Senior dues if they are going to attend Prom and/or the Senior Trip.

Class sponsors must keep an accurate list of who has paid their dues, and turn the list into the High School Principal at the end of each year.

Students may pay their class dues in increments, but this must be worked out with the Class Sponsor in advance.

\_\_\_\_\_  
Student Name

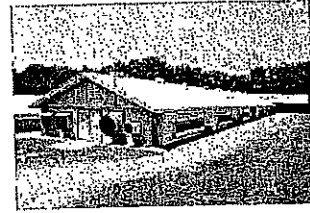
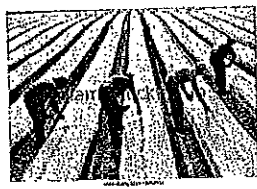
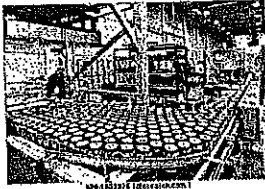
\_\_\_\_\_  
Date

\_\_\_\_\_  
Amount Paid

\_\_\_\_\_  
Check

\_\_\_\_\_  
Cash

*Students must fill out this form and turn in their money to the High School Front Office.*



## 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-5<sup>TH</sup> Grade, \$2.75 for 6<sup>TH</sup>-8<sup>TH</sup> Grade & \$3.00 for 9<sup>TH</sup>-12<sup>TH</sup> 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](mailto: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](mailto: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-Price School Meals

This Box for School Use Only.  
Date Withdrawn: \_\_\_\_\_

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

**Step 1**  
Definition of Household Member: Anyone who is living with you and shares income and expenses, even if not related.

**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.	Student Attends School in District?		Grade	Optional: Student ID Number	Check all that apply.						
	Yes	No			Foster	Head Start	Homeless	Migrant	Runaway		
1. First Name _____ MI _____ Last Name _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B. Participation in a Categorical Program**

- If every child listed in Step 1 is a participant in 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)	Public Assistance/Child Support/Alimony (Enter Amount)	Frequency (Circle One)	Security/Supplemental Income (Enter Amount)	Social Security Income (Enter Amount)	Pensions/Retirement Income (Enter Amount)	All Other Income (Enter Amount)	Frequency (Circle One)	Frequency (Circle One)
1. \$ _____	\$ _____	\$ _____	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
3. \$ _____	\$ _____	\$ _____	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
5. \$ _____	\$ _____	\$ _____	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**  
Please read the directions for more information.

**Provide Contact Information and Adult Signature.** Return this application to Edgewood ISD 804 E. Pine, Edgewood, TX 75117 to Catèria 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?		Optional Student ID Number	Check all that apply.							
			Yes	No		Grade	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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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 FDIPIR 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)	Public Assistance/Child Support/Alimony (Enter Amount)	Frequency (Circle One)	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
7.	\$		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
9.	\$		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

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](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](mailto: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: \_\_\_\_\_

Frequency:  Weekly  Every 2 Weeks  Twice a Month  Monthly  Annually

Eligibility: Free  Reduced  Denied

Date Received: \_\_\_\_\_

Categorical Determination:

Confirming Official's Signature/Date: \_\_\_\_\_