

Student Information/Emergency Medical Form 1.0

St. Andrew Parish School ◇ 115 S. 7th Street, Delavan, WI 53115 ◇ P: 262-728-6211 F: 262-728-3683

Family Last Name (PRINT): _____

Address (Street, City, Zip Code): _____

Where can we reach you in case of illness or emergency?

Mother/Guardian Name: _____ Home Phone: _____

Cell Phone: _____ E-mail: _____

Father/Guardian Name: _____ Home Phone: _____

Cell Phone: _____ E-mail: _____

Doctor Information:

Local Physician's Name: _____ Phone Number: _____

Local Dentist's Name: _____ Phone Number: _____

Other Adults who will assume temporary care of your child if you cannot be reached:

1. Name _____ Relationship to Child: _____

Phone Number (s) during school day: _____

2. Name _____ Relationship to Child: _____

Phone Number (s) during school day: _____

3. Name _____ Relationship to Child: _____

Phone Number (s) during school day: _____

1. Student Name: _____ Grade: _____

Birth Date: ____/____/____ Health Condition: _____

Allergy: _____ Severity: ☐ Mild ☐ Severe ☐ Life-Threatening

Prescribed Medications, Allergies or Health Concerns: ☐ YES ☐ NO (Epi-Pen, Inhaler, Diastat, etc.) _____

Symptoms, Requests, and Treatment: _____

2. Student Name: _____ Grade: _____

Birth Date: ____/____/____ Health Condition: _____

Allergy: _____ Severity: ☐ Mild ☐ Severe ☐ Life-Threatening

Prescribed Medications, Allergies or Health Concerns: ☐ YES ☐ NO (Epi-Pen, Inhaler, Diastat, etc.) _____

Symptoms, Requests, and Treatment: _____

3. Student Name: _____ Grade: _____

Birth Date: ____/____/____ Health Condition: _____

Allergy: _____ Severity: ☐ Mild ☐ Severe ☐ Life-Threatening

Prescribed Medications, Allergies or Health Concerns: ☐ YES ☐ NO (Epi-Pen, Inhaler, Diastat, etc.) _____

Symptoms, Requests, and Treatment: _____

4. Student Name: _____ Grade: _____

Birth Date: ____/____/____ Health Condition: _____

Allergy: _____ Severity: ☐ Mild ☐ Severe ☐ Life-Threatening

Prescribed Medications, Allergies or Health Concerns: ☐ YES ☐ NO (Epi-Pen, Inhaler, Diastat, etc.) _____

Symptoms, Requests, and Treatment: _____

In case of an accident or serious illness, I request the school to contact me. I also authorize the school to take emergency measures as necessary, including calling 911. THE MEDICAL PROVIDER AUTHORIZATION FORM FOR PRESCRIPTION MEDICATION SIGNED BY DOCTOR AND PARENT MUST ACCOMPANY MEDICATION AND BE TURNED IN TO THE OFFICE.

Parent/Guardian Signature: _____ Date: _____

Transportation Information 1.2

St. Andrew Parish School
115 S. 7th Street, Delavan, WI 53115
P: 262-728-6211 F: 262-728-3683

COMPLETE ONE FORM PER FAMILY

Student Name(s):

Grade:

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

At the end of the school day, my child will USUALLY leave St. Andrew by the following:

- ☐ Stay at Spartan Club After-School daycare program
- ☐ Walk to home or care-provider
- ☐ Bike home (please have your students wear bike helmets and use bike locks)
- ☐ Car-Rider: Will be picked up by (name) _____
- ☐ Shuttle Bus #17 to Turtle Creek School

_____Then transfer to Bus #_____

_____Walk to home or care provider

The following days are exceptions to this plan:

Day(s) of week: _____

Means of transportation: _____

IF YOU CHANGE THIS SCHEDULE, YOU MUST SEND A NOTE TO YOUR CHILD'S TEACHER.

If your plans change at the last minute, you can call the school office and we will relay the message to the teacher. **IF AT ALL POSSIBLE, PLEASE CALL BEFORE 2:00 P.M.**

Parent Signature: _____ Date: _____

Photo Permission Letter 1.3
St. Andrew Parish School
115 S. 7th Street, Delavan, WI 53115
P: 262-728-6211 F: 262-728-3683

From time to time we have opportunities to publish photos of the children who attend St. Andrew Parish School. We need to have your permission to use these photos when the opportunity presents itself.

Please complete the information below and return it to school.

Parent Name (print) _____

Student Name(s):

Grade:

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Circle YOUR choices for the following:

Yes	No	St. Andrew Parish School has my permission to print my child(ren)'s photos in print media (newspapers / magazines).
Yes	No	St. Andrew Parish School has my permission to print my child's name with any printed photos in print media.
Yes	No	St. Andrew Parish School has my permission to use my child's photo on the internet (St. Andrew School website, classroom websites, or social media). Name will not be used.
Yes	No	St. Andrew Parish School has my permission to publish my child's name in lists (such as honor roll, spelling bee participation, team) that may be printed in newspapers.

Parent Signature _____ Date _____

School Family Directory 1.4

St. Andrew Parish School
115 S. 7th Street, Delavan, WI 53115
P: 262-728-6211 F: 262-728-3683

Family Name: _____

The Family Directory will be available to you early in October. These directories list all students in the school, with their family's names, addresses, phone numbers, and email addresses. We will NOT give this information out to non-school families or promotional firms. This is only for school families' use.

- ☐ **DO NOT INCLUDE:** I do not wish to have any of our family's information listed in the Family Directory for this current year. *I know that only my children's names will be included.*
- ☐ **NO CHANGES NEEDED:** I give permission to St. Andrew Parish School to include the same family information without changes from last year's Directory. There have been no changes to our address, phone or email since last October. **There were no errors in our information as listed.**
- ☐ **ADD OR CHANGE:** I give permission to St. Andrew Parish School to include the following information in the Family Directory for this current school year. (Include all information you want printed. For example, if you do not want your phone number listed, please leave it off of this form.) **PRINT CAREFULLY, PLEASE!**

Parent's First Name(s) _____

Address _____

City, State, Zip _____

Phone #(s) _____

Email Address(es) _____

Student Name(s) _____ Grade _____

_____ Grade _____

_____ Grade _____

_____ Grade _____

☐ I do not have access to the Internet.

Parent/Guardian Home Language Survey 1.5

St. Andrew Parish School
115 S. 7th Street, Delavan, WI 53115
P: 262-728-6211 F: 262-728-3683

We want your child to be able to learn and to achieve. Please help us learn about your child, so we can work together to place your child in the appropriate educational program.

Student Name (s): _____

Address: _____

Phone Number: _____

Relationship of Person Completing Survey: _____

Directions: Check the correct response for each of the following questions and indicate other languages if appropriate.

	English	Other	Other Language (s)
What language did your child speak when he/she first began to talk?			
What languages does your child speak at home?			
What language does the child speak to his/her parents most of the time?			
What language does the child speak to his/her brothers/sisters most of the time?			
What language does the child speak to his/her friends most of the time?			
What language does the parent/guardian use when speaking to the child?			

	Yes	No	Other Language (s)
Can an adult family member or extended family member speak English?			
Can an adult family member or extended family member read English?			
Do the parents/guardians want a translator/interpreter available at school conferences?			
Do the parents/guardians want oral communication from the school to be in English?			
Do the parents/guardians want written communication from the school to be in English?			

Parent Name (PRINT): _____

Signature of Person Completing Survey: _____

Date: _____

Parent/Legal Guardian Permission Slip & Indemnity Agreement 1.6

St. Andrew Parish School
115 S. 7th Street, Delavan, WI 53115
P: 262-728-6211 F: 262-728-3683

I consent to the participation of my child/ward to all Field Trips or Curriculum Activities conducted by St. Andrews Parish School. In consideration for my child's/ward's participation, I agree to reimburse and indemnify the Parish, School, and Archdiocese of Milwaukee for all reasonable legal court fees incurred by the Parish/School in defending a lawsuit that I or my child/ward may bring against the Parish/School is found not legally liable by the courts and prevails in the lawsuit. If the Parish/School is found legally liable for injuries sustained by child/ward, this paragraph will not apply.

Child/Ward: _____ Grade: _____

Grade: _____

Grade: _____

Grade: _____

Parish / School: _____

I certify that I have an understanding of this agreement and any risks and hazards associated with the activity that my child/ward will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the Parish/School to clarify concerns or questions about the activity or this agreement that I may have had.

Parent/Legal Guardian Name (print)

Parent/Legal Guardian Signature

Date: _____

Address

Home or Cell Phone Number

Emergency Medical Treatment 1.7

St. Andrew Parish School
115 S. 7th Street, Delavan, WI 53115
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In the event of an Emergency, I give permission to transport my child to a hospital for Emergency Medical Treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an Emergency, if you are unable to reach me, please contact my Emergency Contact Person listed below:

Primary Parent/Guardian Contact Name(s)

Primary Contact Number(s)

Emergency Contact Name

Emergency Contact Number

Please list any/all possible allergies, medication, or medical information about your child/ward, which may be pertinent to his/her participation in any/all School or Athletic Activity:

1. _____
2. _____
3. _____

This form has been prepared by and is required by the Archdiocese of Milwaukee's Protected Self-Insurance Program : Catholic Mutual Group (414) 255-6906
Archdiocese of Milwaukee (Sept.2013, Policy#6153(b))



CONFIDENTIAL FAMILY / STUDENT INFORMATION

I. STUDENT'S (LEGAL) NAME:

FIRST NAME:		LAST NAME:	
HOME ADDRESS:	CELL:	HOME PHONE:	
STUDENT'S BIRTH DATE:			

CHILD'S PARENTS:

FATHER'S FULL NAME:
MOTHER'S FULL NAME:

GUARDIANS:

LEGAL CUSTODIANS:

II. PLEASE FILL OUT ONLY IF PARENTS ARE: (Check All That Apply)

<input type="checkbox"/> DIVORCED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> REMARRIED	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> UNMARRIED
INDIVIDUAL WITH WHOM THE CHILD PRIMARILY LIVES:				
CHECK RELATIONSHIP: <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> OTHER (STATE RELATIONSHIP)				
DOES THE PARENT WITH WHOM THE CHILD DOES NOT LIVE HAVE ANY COURT RESTRICTIONS PLACED ON HIS/HER PARENTAL RIGHTS? <input type="checkbox"/> YES <input type="checkbox"/> NO * IF YES, WHAT ARE THE RESTRICTIONS?				
IF THE CHILD LIVES WITH THE REMARRIED PARENT, IS THE PARENT'S SPOUSE THE ADOPTIVE PARENT? <input type="checkbox"/> YES <input type="checkbox"/> NO				

*PLEASE SUBSTANTIATE THESE ITEMS BY ATTACHING A COPY OF THE COURT ORDER/DIVORCE DECREE TO THIS FORM.

PARENT/LEGAL GUARDIAN:	DATE:
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By entering my full name, I attest that this constitutes my legal electronic signature on this form.



STUDENT ACCEPTABLE USE POLICY

Use of computers and the Internet provides great educational benefits to students. Network and Internet access is provided to further the legitimate educational goals of this institution. Access to the Internet and the use of the computer network is given as a privilege to students. All students and their parents or guardians are required to read, accept, and sign the following rules for acceptable online behavior.

Rules for Acceptable Use:

1. Students accept responsibility to act in a moral and ethical manner when using the computer system and Internet. General school rules for behavior and communication apply.
2. Network storage areas and school issued or personal devices may be treated like school lockers or desks. Administrators may review email, files, device content, and communications to maintain system integrity and ensure that users are using the system responsibly. They may also request access to these types of documents maintained on third-party servers being used for educational purposes. Users should not expect that files will always be private.
3. The following are not permitted:
 - a. Sending or displaying offensive message or pictures.
 - b. Using obscene language
 - c. Harassing, insulting or attacking others
 - d. Tampering with or damaging computers, computer systems or networks
 - e. Violating copyright laws
 - f. Using another's password
 - g. Trespassing in another's folders, work or files
 - h. Wasting limited resources
 - i. Employing the network for personal, commercial, or non-academic purposes
 - j. Circumventing security measures on school/parish or remote computers or networks
 - k. Revealing the personal address or phone number of yourself or any other person without the appropriate prior approval
4. Violations may result in a loss of access to technology, loss of credit for the class, suspension from school, and other disciplinary action.

I have read the rules for acceptable online behavior, understand the rules, and agree to comply with the above stated rules. Should I violate the rules, I understand that I may lose privileges at the school/parish.

Student Signature

Date

As the parent or legal guardian of the above named student, I grant permission for her/him to use the school technology and to access the network or computer services such as e-mail, files, cloud storage, websites, and other Internet resources used for educational purposes. I understand that all students use a filtered connection to the Internet that is designed to protect them from inappropriate materials. I understand that no filter can catch 100% of these sites, but the school makes a good faith attempt in this area. I understand there could be disciplinary action if the above named student does not follow the guideline set for acceptable use of the school technology.

Parent Signature

Date

By entering my full name, I attest that this constitutes my legal electronic signature on this form.

**St. Andrew Parish School Spartan Club Registration
2022-2023 School Year-One Form Per Family**

Name of Student _____ Grade _____

Name of Student _____ Grade _____

Name of Student _____ Grade _____

Name of Student _____ Grade _____

Mother's Name _____

Cell Number _____ Other Phone Number _____

Father's Name _____

Cell Number _____ Other Phone Number _____

Other Emergency Contact Information

Name _____

Cell Number _____ Other Phone Number _____

Spartan Club will be offered before school from 7:00 am to 8:00 am and after school from 3:15 pm to 4:45 pm Monday through Friday.

The Registration Fee is \$10.00. Payment is appreciated with this form.

The hourly rate is **\$4.00 an hour per student rounded to the nearest quarter hour.**

Please circle the days you expect to participate in Spartan Club.

Before School

Monday Tuesday Wednesday Thursday Friday

After School

Monday Tuesday Wednesday Thursday Friday



*115 South 7th Street * Delavan, WI 53115 * 262-728-6211*
www.standrews-delavan.org

ECF Device Certification

I certify that _____ would be unable to sufficiently participate in remote learning and/or complete internet-based homework assignments if an iPad, Chromebook or laptop was not provided by St. Andrew's Parish School.

Name: _____

Signature: _____

Date: _____

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS FOR SCHOOL YEAR 2022-23

Dear Parent/Guardian:

Children need healthy meals to learn. **St. Andrew Parish School** offers healthy meals every school day. Lunch costs **\$3.75** per meal. Your children may qualify for free meals or for reduced price meals. Reduced price is **.40¢** for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from FoodShare, the Food Distribution Program on Indian Reservations (FDPIR), or W-2 cash benefits are eligible for free meals, when listed on the application.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may qualify to receive free or reduced price meals if your household's income is at or below the limits on the Federal Income Eligibility Guidelines.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2022-2023			
Household size	Yearly (\$)	Monthly (\$)	Weekly (\$)
1	25,142	2,096	484
2	33,874	2,823	652
3	42,606	3,551	820
4	51,338	4,279	988
5	60,070	5,006	1,156
6	68,802	5,734	1,324
7	77,534	6,462	1,492
8	86,266	7,189	1,659
Each additional person:	8,732	728	168

- 2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?** Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and have not been told your children will get free meals, please call **262-728-6211** or e-mail office@standrewsparishschool.com.
- 3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **St. Andrew's Parish School, 115 S. 7th Street, Delavan WI, 53115.**
- 4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE OR REDUCED PRICE MEALS?** Please read the letter you received carefully and follow the instructions. If your letter indicated you qualify for free meals, then no application is needed. If any children in your household were missing from your eligibility notification, contact **St. Andrew's Parish School, 115 S. 7th Street, Delavan WI, 53115, 262-728-6211, office@standrewsparishschool.com** immediately. If your household was notified it qualified for reduced price meals, we encourage you to complete an application to potentially qualify for free meals based on household size and income.
- 5. DO I NEED TO FILL OUT AN APPLICATION IF MY CHILD ATTENDS A COMMUNITY ELIGIBILITY PROVISION SCHOOL (CEP)?** If your child attends a school that participates in CEP, receipt of free breakfast and lunch meals does not depend on returning this application. However, this information is necessary for other programs and may be used to determine if your household is eligible for additional benefits.

6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year, through **September**, or when a new eligibility is determined. You must submit a new application unless the school told you that your child is eligible for the new school year. If you do not submit a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals, but it is based on income. Please submit an application.
8. MY CHILD(REN) QUALIFIES FOR BADGERCARE PLUS OR MEDICAID. CAN MY CHILD GET FREE MEALS? Children with BadgerCare Plus, Medicaid, or subsidized insurance may be eligible for free or reduced price meals, but it is based on household income and household size. Please submit an application to determine if your household qualifies.
9. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
10. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed or experience a financial hardship may become eligible for free and reduced price meals if the household income drops below the income limit.
11. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: **St. Andrew's Parish School, 115 S. 7th Street, Delavan WI, 53115, 262-728-6211, office@standrewsparishschool.com.**
12. 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.
13. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
14. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
15. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Do not include any combat pay resulting from deployment as income.
16. WHAT IF THERE IS NOT ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper and attach it to your application.
17. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for FoodShare or other assistance benefits, contact your local assistance office or call 1-800-362-3002.

If you have other questions or need help, call 262-728-6211.

Sincerely,

St. Andrew's Parish School

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in Delavan-Darien School District. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order. If at any time you are not sure what to do next, please contact ST ANDREW PARISH SCHOOL, 262-728-6211. *If your child attends a Community Eligibility Provision School (CEP), receipt of free breakfast and lunch meals does not depend on returning this application; however, this information is necessary for other programs.*

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children grades 12 or under AND are supported with the household's income; and
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth, or enrolled in a Head Start program.

A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children in household than lines on the application, attach a second piece of paper with all required information for the additional children.	B) Enter the grade and the name of the school the child attends or mark n/a if not in school.	C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the children's names. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.	D) Are any children homeless, migrant, runaway or enrolled in a Head Start program? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway or Head Start" box next to the child's name and complete all steps of the application.
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STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN Foodshare, W-2 Cash Benefits OR FDIPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP) or FoodShare.
- Temporary Assistance for Needy Families (TANF) or W-2 Cash Benefits.
- The Food Distribution Program on Indian Reservations (FDPIR).

A) If no one in your household participates in any of the above listed programs:	B) If anyone in your household participates in any of the above assistance programs:
<ul style="list-style-type: none"> • Leave STEP 2 blank or check "No" and go to STEP 3. 	<ul style="list-style-type: none"> • Write a case number and name of the assistance program you or any member of the household participates in for FoodShare, W-2 Cash Benefits, or FDIPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact your case worker. Medicaid and BadgerCare case numbers do NOT qualify for free or reduced price meals. • Go to STEP 4.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled "Sources of Income for Children" and "Sources of Income for Adults," printed on the back side of the application form, to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents. Gross income is the total income received before taxes. Many people think of income as the amount they "take home" (listed as "net pay" on paycheck stub) and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write "0" or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the boxes to the right of each field.

3.A. REPORT INCOME EARNED BY CHILDREN

- A) Report all income earned or received by children.** Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's personal income if you are applying for them together with the rest of your household.

What is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

3.B. REPORT INCOME EARNED BY ADULTS

List adult household members' names.

- Print the name of each household member in the boxes marked "Name of Adult Household Members (First and Last)." When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do NOT include:**
 - People who live with you but are not supported by your household's income AND do not contribute income to your household.
 - Infants, children and students already listed in STEP 1.

- C) Report earnings from work.** Report all total gross income (before taxes) from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

What if I am self-employed? Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

- F) Fluctuating Income.** For seasonal workers and others whose income fluctuates and usually earn more money in some months than others. In these situations, project the annual rate of income and report that. This includes workers with annual employment contracts but may choose to have salaries paid over a shorter period of time; for example, school employees.

- D) Report income from public assistance/child support/alimony/SSI/VA benefits.** Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

- G) Report total household size.** Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.

- E) Report income from pensions/retirement/all other income.** Report all income that applies in the "Pensions/Retirement/Social Security/All Other Income" field on the application.

- H) Provide the last four digits of your Social Security Number (SSN).** An adult household member must enter the last four digits of their SSN in the space provided. You are eligible to apply for benefits even if you do not have a SSN. If no adult household members have a SSN, leave this space blank and mark the box to the right labeled "Check box if no SSN."

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

An adult member of the household must sign the application. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

A) Provide your contact information. Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.	B) Print or sign your name. The adult filling out the application must print or sign their name in the signature box.	C) Return completed form to: 115 S. 7TH STREET, DELAVAN, WI 53115.	D) Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals.
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Apply online at: [Schools](#) Insert link to your online application, if applicable, or delete

In Community Eligibility Schools (CEP), receipt of free breakfast and lunch meals does not depend on returning this application; however, this information is necessary for other programs.

If more spaces are required for additional names, attach another sheet of paper

[illegible]

Child's First Name										MI	Child's Last Name										Grade	School the child attends or NA if not in school		Check all that apply			
																							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
																							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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																							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

☐ Yes / ☐ No

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

Weekly	Bi-Weekly	2x Month	Monthly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F. Seasonal Workers, and

Name of Adult Household Members (First and Last Name)	C.				D.				E.			
	Earnings from Work				Public Assistance/ Child Support/ Alimony/SSI/VA Benefit				Pensions/Retirement/ Social Security/ Other Income			
	How often?				How often?				How often?			
	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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others with fluctuating income, project the annual income and report here.

Check box, if no SSN ☐

tion with the receipt of Federal funds, and that school officials may verify (check) the Federal laws."

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

INSTRUCTIONS

Source of income

Sources of Income for Children

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

Sources of Income for Adults

Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Gross salary, wages, cash bonuses - Net income from self-employment (farm or business) FARM —refer to line 3 and 6 of Schedule 1 or line 34 from Schedule F; BUSINESS —line 31 from Schedule C or 1040-Line 8, Wage and Statement, Line 3. If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

OPTIONAL

Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity Check one

☐ Hispanic or Latino☐ Not Hispanic or Latino

Race Check one or more

☐ American Indian or Alaskan Native☐ Asian☐ Black or African American☐ Native Hawaiian or Other Pacific Islander☐ Write

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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiocassette, American Sign Language), should contact the responsible state or local agency that administers the program.

Do not fill out

For School Use Only

Annual Income Conversion: Weekly x 52, Bi-Weekly (Every 2 Weeks) x 26, Twice a Month x 24, Monthly x 12

Total Income

Weekly	Bi-Weekly	2x Month	Monthly	Yearly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often?

Household Size

Categorical Eligibility

Free	Reduced	Denied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date Denied Mo./Day/Yr.

Reason for Denial or Withdrawal

Determining Official's Signature

Date Mo./Day/Yr.

Confirming Official's Signature

Date Mo./Day/Yr.

Verifying Official's Signature

Date Mo./Day/Yr.

Required for Verification process only

Required for Verification process only

For schools participating in CEP only:

Are all students on this application from a CEP school? Yes ☐ No ☐

If YES, the processing of this application cannot be paid for by the nonprofit school food service account. Only non-CEP applications are used for selecting the verification sample, conducting an independent review of applications, and the Certification and Benefit Issuance portion of the Administrative Review.