



# Eastern Sierra Unified School District

P.O. Box 575 – 231 Kingsley Street  
Bridgeport, CA 93517  
Telephone (760) 932-7443 – Fax (760) 932-7140

Heidi Torix  
Superintendent

Board of Trustees

Ann Aylesworth  
Jimmy Little  
Ricky McCoy  
Tim Sullivan  
Bob Tems

## ANNUAL NOTICE TO PARENTS/GUARDIANS CONCERNING THEIR RIGHTS AND RESPONSIBILITIES 2019 - 2020

Each school district must notify parents and guardians of their legal rights and obligations at the beginning of the first semester or quarter of the regular school year. The following summarizes those rights and responsibilities.

Please sign and return the attached acknowledgment indicating that you have received and reviewed these materials. Also, please check the appropriate box below which will allow the district to send future versions of the Annual Notice to you electronically instead of a hard copy.

If you have any questions, please contact the district office.

Sincerely,

District Superintendent

---

### PARENTAL ACKNOWLEDGMENT

E.C section 48982 Requires Parents to Sign and Return this Acknowledgment

By signing below, I am neither giving nor withholding my consent for my student(s) to participate in any program nor am I agreeing to, or disagreeing to, the information contained in this Notice. I am merely indicating that I have received and read the attached notice regarding my rights relating to activities which might affect my student(s).

- I wish to receive the district's Annual Notice by logging onto the district website
- I wish to receive the district's Annual Notice only by email

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

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Printed Name of Parent

\_\_\_\_\_  
Printed Name of Student

(For Office Use Only)

- \_\_\_\_\_ Immunizations
- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ Current TB
- \_\_\_\_\_ Proof of Residency

(For Office Use Only)

- \_\_\_\_\_ Site
- \_\_\_\_\_ Grade & Teacher
- \_\_\_\_\_ Enrollment date

EASTERN SIERRA UNIFIED SCHOOL DISTRICT  
**ENROLLMENT DATA FORM**

Student's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Birth Date \_\_\_\_\_ Birth Place \_\_\_\_\_

Male/Female \_\_\_\_\_ Ethnicity \_\_\_\_\_ Language used at Home \_\_\_\_\_ Student Cell Phone # \_\_\_\_\_

Physical Street Address \_\_\_\_\_ PO Box \_\_\_\_\_ Home Phone # \_\_\_\_\_

Parent/Guardian Name #1 \_\_\_\_\_ Ethnicity \_\_\_\_\_ Cell Phone # \_\_\_\_\_ E-mail address \_\_\_\_\_

Parent/Guardian Name #2 \_\_\_\_\_ Ethnicity \_\_\_\_\_ Cell Phone # \_\_\_\_\_ E-mail address \_\_\_\_\_

Parent/Guardian #1 Employer \_\_\_\_\_ Employer Phone # \_\_\_\_\_ Parent/Guardian #2 Employer \_\_\_\_\_ Employer Phone # \_\_\_\_\_

Parent/Guardian #1 - Level of Education \_\_\_\_\_ Parent/Guardian #2 - Level of Education \_\_\_\_\_

Emergency Contacts & Phone #'s #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

**Brothers & Sisters – List all siblings below**

Name & Birth Date \_\_\_\_\_ Name & Birth Date \_\_\_\_\_ Name & Birth Date \_\_\_\_\_

Family Doctor & phone # \_\_\_\_\_ Last School Attended: Address & Phone # \_\_\_\_\_

- Do you live on federal property or tribal land?  No  Yes
- Do you work on federal property or tribal land?  No  Yes
- Is the parent/guardian on active duty?  No  Yes. If yes, list branch \_\_\_\_\_ rank \_\_\_\_\_
- Has this student ever been retained or skipped a grade?  No  Yes. If yes, which grade \_\_\_\_\_
- Has this student ever been in any special programs?  No  Yes. If yes, list program \_\_\_\_\_
- Does this student have any health problems?  No  Yes. If yes, explain \_\_\_\_\_
- Does this student have any allergies?  No  Yes. If yes, to what \_\_\_\_\_
- Is this student on any medication?  No  Yes. If yes, what medications \_\_\_\_\_
- Does the medication need to be taken during school hours?  No  Yes
- Are there any other problems we should know about?  No  Yes. If yes, explain \_\_\_\_\_

Is this student currently expelled from a public school district?  No  Yes. If yes, explain the reason and length of expulsion. \_\_\_\_\_

**Please list by name and relation, persons with permission to pick-up your child from school.**

Name \_\_\_\_\_ Relation \_\_\_\_\_ Parent or Guardian Signature \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Relation to Student \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Date \_\_\_\_\_

# Eastern Sierra Unified School District

## Student Acceptable Use Policy

Site \_\_\_\_\_ Student's Name \_\_\_\_\_

**I have read and understand the Eastern Sierra Unified School District's Acceptable Use Policy.**

I understand that the school district will provide me equipment and access to the Internet for educational purposes. I agree that I will use this equipment and access only for those purposes and in a manner that is consistent with the adopted curriculum and educational policies of the district. Internet access is a privilege, not a right. I understand that my access will be withheld if I abuse the privilege, violate the district's Student Acceptable Use Policy, violate the rules of this policy or engage in any prohibited activity on the Internet. I will read and abide by the following:

- The School District's Board Policy 6163.4 – Student Use of Technology
- Rules for Etiquette/Prohibited Internet Activities

I understand that if I do not abide by these rules that my computer access may be revoked.

Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_

I am the parent/guardian of the student named above. I request that my student be given a user account that provides access to computer equipment, software, and the Internet for educational purposes. I will review with the student the District's Board Policy 6163.4, Rules for Internet/Etiquette/Prohibited Internet Practices, and the Acceptable Use Policy. I understand that access may be withheld if the policy and rules are violated.

Parent/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Photo and Student work Release Parental Permission Waiver

Having authority, either as parent or as a legally appointed guardian, I hereby execute release of rights regarding photography/filming/interviews of students for use in print/internet/electronic media and the district liability waiver on behalf of both myself and the child(ren) named below.

\_\_\_\_\_  
Name of Child (please print) \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_  
Name of Parent or Legal Guardian (please print)

\_\_\_\_\_  
Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

EASTERN SIERRA UNIFIED SCHOOL DISTRICT

CONSENT FOR TREATMENT OF A MINOR

1. I, (we) the undersigned parent(s) of \_\_\_\_\_ a minor, do authorize and consent to any emergency transportation or by ambulance, any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general care or special supervision of any physician or surgeon licensed under the provisions of the Medicine Practice Act, on the medical staff of any licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

2. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but it is given to provide authority and power on the part of the physician and surgeon to perform such diagnosis, treatment, or hospital care which he or she may deem advisable in case of a medical emergency.

3. It is further understood that in the event emergency procedures become necessary for my child, the expense incurred is the responsibility of the parent, and not that of the School District.

Dated: \_\_\_\_\_ Telephone: \_\_\_\_\_

Father or Legal Guardian Mailing Address

Physical Address

Mother or Legal Guardian Mailing Address

Physical Address

Family Physician: Name \_\_\_\_\_ Phone # \_\_\_\_\_

List any physical disabilities (i.e.: diabetes, epilepsy, severe allergy, etc.) \_\_\_\_\_

List any medication your student has had an allergic reaction to: \_\_\_\_\_

List any prescribed medication your student is currently taking: \_\_\_\_\_

Insurance Coverage(s) \_\_\_\_\_

Company Policy # Coverage

Company Policy # Coverage

NOTE: This "Consent Form" is to protect all concerned. Consequently, every effort must be expended to collect the forms and file them in the permanent record folder of your child within the first week of school. Complete one copy for each pupil on entering school.

REMEMBER ACCIDENTS CAN HAPPEN ON THE FIRST DAY OF SCHOOL

NOTE: Phone number of parent (and/or persons who can contact parent most quickly) in case of emergency.

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Signature of Parent or Guardian

Date

**EASTERN SIERRA UNIFIED SCHOOL DISTRICT**

**VEHICLE REGULATIONS AND TRANSPORTATION CONSENT FORM**

The district must have written consent from a parent or guardian, transportation students to and from school on file. Please complete and return to the permission section below. The form is kept in a file at your child's school. The following list explains the behavior expected of each student riding in district transportation.

1. Students shall not speak to the driver when the vehicle is moving except when necessary.
2. No part of the body shall protrude from the vehicle at any time.
3. Noise beyond ordinary conversation is not permitted.
4. Throwing anything out of the vehicle, including paper, is prohibited.
5. Throwing or shooting objects inside the vehicle is prohibited.
6. Eating or drinking in the vehicle is prohibited.
7. Smoking or lighting matches and lighters in vehicle is prohibited.
8. Scuffling, wrestling, shoving or pushing is prohibited.
9. Obscene or profane language or gestures is prohibited.
10. Students must sit properly in their seats facing forward at all times. Facing the rear or sitting sideways, putting feet on the seats or doubling knees against the seat backs is prohibited.
11. Students must remain seated while the vehicle is moving or while standing for traffic.
12. Students shall not reserve any seat on any vehicle for any other student.
13. A student (or his/her parents) must pay for any damage caused to any vehicle by the student.
14. Students may not leave the vehicle at any point other than their regular stop unless they have the driver's approval and a signed parent/principal note.
15. Refusal to make room on a seat is prohibited.

District transportation is a privilege and not a right. Students transported in a school vehicle will be under the authority of and responsible directly to the driver. Any violation of the regulations or lack of cooperation with the driver may result in the removal of all transportation privileges for several days or, by a decision of the school board, the remainder of the school year.

Driver may refuse any child transport for violation of any of the above regulations.

Sign below and return to school.

**TRANSPORTATION CONSENT**

I have read and understand the vehicle regulations. I grant my permission for my child(ren) \_\_\_\_\_ to ride the district vehicle to and from school during the current school year.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**EDUCATIONAL TRIPS AND SCHOOL ACTIVITIES**

If you wish your child(ren), listed above to be included on all class trips and school sponsored excursions, please indicate below. You will be notified by the school whenever a trip is planned but this will serve as a permission slip for each time and kept on file with your child's records. This permission includes athletic activities and after school practices. If at any time, you do not wish your child to go on a trip, a note to his/her teacher will be appreciated.

\_\_\_ YES

\_\_\_ NO

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## Eastern Sierra Unified School District

### Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

#### Symptoms may include one or more of the following:

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• Headaches</li><li>• “Pressure in head”</li><li>• Nausea or vomiting</li><li>• Neck pain</li><li>• Balance problems or dizziness</li><li>• Blurred, double, or fuzzy vision</li><li>• Sensitivity to light or noise</li><li>• Feeling sluggish or slowed down</li><li>• Feeling foggy or groggy</li><li>• Drowsiness</li><li>• Change in sleep patterns</li></ul> | <ul style="list-style-type: none"><li>• Amnesia</li><li>• “Don’t feel right”</li><li>• Fatigue or low energy</li><li>• Sadness</li><li>• Nervousness or anxiety</li><li>• Irritability</li><li>• More emotional</li><li>• Confusion</li><li>• Concentration or memory problems (forgetting game plays)</li><li>• Repeating the same question/comment</li></ul> |
|--|--|

#### Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

**Eastern Sierra Unified School District**  
**Concussion Information Sheet**

**What can happen if my child keeps on playing with a concussion or returns to soon?**

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

**If you think your child has suffered a concussion**

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and for the remainder of the day.”

**and**

“A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

\_\_\_\_\_  
Student-athlete Name Printed

\_\_\_\_\_  
Student-athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

Dear Parent or Guardian:

The ESUSD participates in the National School Lunch Program and/or School Breakfast Program by offering nutritious meals every school day. Students may buy lunch for \$3.00 and breakfast for \$2.50. Eligible students may receive meals free of charge or at the reduced-price rate of \$0.40 for lunch and \$0.30 for breakfast. You or your children do not have to be U.S. citizens to qualify for free or reduced-price meals. If there are more household members than the number of lines on the application, attach a second application. For a simple and secure method to apply, use our online application at [www.esusd.org](http://www.esusd.org).

**LETTER TO HOUSEHOLD FOR FREE AND REDUCED-PRICE MEALS**

**QUALIFICATION:** Your children may qualify for free or reduced-price meals if your household income falls at or below the federal Income Eligibility Guidelines below.

**DIRECT CERTIFICATION:** An application is not required if the household receives a notification letter indicating all children are automatically certified for free meals. If you did not receive a letter, please complete an application.

**VERIFICATION:** School officials may check the information on the application at any time during the school year. You may be asked to submit information to validate your income or current eligibility for CalFresh, CalWORKS, or FDIPIR benefits.

**WIC PARTICIPANTS:** Households that receive Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) benefits, may be eligible for free or reduced-price meals by completing an application.

**HOMELESS, MIGRANT, RUNAWAY & HEAD START:** Children who meet the definition of homeless, migrant, or runaway and children participating in their school's Head Start program are eligible for free meals. Please contact school officials for assistance at (760) 932-7443.

**FOSTER CHILD:** The legal responsibility must be through a foster care agency or court to qualify for free meals. A foster child may be included as a household member if the foster family chooses to apply for their non-foster children on the same application and must report any personal income earned by the foster child. If the non-foster children are not eligible, this does not prevent a foster child from receiving free meals.

**FAIR HEARING:** If you do not agree with the school's decision regarding your application's determination or the result of verification, you may discuss it with the hearing official. You also have the right to a fair hearing, which may be requested by calling or writing the following: Heidi Torix, PO Box 575, Bridgeport, CA 93517 (760) 932-7443.

**ELIGIBILITY CARRYOVER:** Your child's eligibility status from the previous school year will continue into the new school year for up to 30 operating days or until a new determination is made. When the carryover period expires, you must re-apply.

**HOW TO APPLY FOR FREE OR REDUCED-PRICE MEALS – Complete one application per household. Please print clearly with a pen. Incomplete, illegible, or incorrect information will delay processing.**

**STEP 1: STUDENT INFORMATION –** Include ALL STUDENTS who attend ESUSD. Print their name (first, middle initial, last), school, grade level, and birthdate. If any student listed is a foster child, check the "Foster" box. If you are only applying for a foster child, complete STEP 1, and then continue to STEP 4. If any student listed may be homeless, migrant, or runaway, check the applicable "Homeless, Migrant, or Runaway" box and complete all STEPS of the application.

**STEP 2: ASSISTANCE PROGRAMS –** If ANY household member (child or adult) participates in CalFresh, CalWORKS, or FDIPIR, then all children are eligible for free meals. Must check the applicable assistance program box, enter one case number, and then continue to STEP 4. If no one participates, skip STEP 2 and continue to STEP 3.

**STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS –** Must report GROSS income (before deductions) from ALL household members (children and adults) in whole dollars. Enter "0" for any household member that does not receive income.

- A) Report the combined GROSS income for all students listed in STEP 1 and enter the appropriate pay period. Include a foster child's income if you are applying for foster and non-foster children on the same application.
- B) Print the names (first and last) of ALL OTHER household members not listed in STEP 1, including yourself. Report the total GROSS income from each source and enter the appropriate pay period.
- C) Enter the total household size (children and adults). This number MUST equal the listed household members from STEP 1 and STEP 3.

ends, your child will be charged the full price for meals, unless the household receives a notification letter for free or reduced-price meals. School officials are not required to send reminder or expired eligibility notices.

**NON-DISCRIMINATION STATEMENT:** 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 Ave SW, Washington, D.C. 20250-9410; (2) Fax: (202) 690-7442; or (3) E-mail: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

D) Enter the last four digits of your Social Security number (SSN). If no adult household member has a SSN, check the "NO SSN" box.

**STEP 4: CONTACT INFORMATION & ADULT SIGNATURE –** The application must be signed by an adult household member. Print the name of the adult signing the application, contact information, and today's date.

**OPTIONAL: CHILDREN'S ETHNIC AND RACIAL IDENTITIES –** This field is optional to complete and does not affect your children's eligibility for free or reduced-price meals. Please check the appropriate boxes.

**INFORMATION STATEMENT:** 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 are not required when you list a CalFresh, CalWORKS, or FDIPIR case number or other FDIPIR 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.

**QUESTIONS/NEED ASSISTANCE:** Please contact Kat Mullinax at (760) 932-7443.

**SUBMIT:** Please submit a complete application to your child's school or the District Office. You will be notified if your application is approved or denied for free or reduced-price meals.

Sincerely,

Kat Mullinax, Food Services Coordinator

**Income Eligibility Guidelines**

Effective July 1, 2019–June 30, 2020

Household Size	Year	Month	Twice Per Month	Every Two Weeks	Week
1	\$ 16,237	\$1,354	\$677	\$625	\$ 313
2	21,983	1,832	916	846	423
3	27,729	2,311	1,156	1,057	534
4	33,475	2,790	1,395	1,288	644
5	39,221	3,269	1,635	1,509	755
6	44,967	3,748	1,874	1,730	865
7	50,713	4,227	2,114	1,951	976
8	56,459	4,705	2,353	2,172	1,086
For each additional family member, add:					\$ 111
				\$ 5,746	\$479
				\$240	\$221

**APPLYING FOR BENEFITS:** An application for free or reduced-price meals cannot be reviewed unless all required fields are completed. A household may apply at any time during the school year. If you are not eligible now, but your household income decreases, household size increases, or a household member becomes eligible for CalFresh, California Work Opportunity and Responsibility to Kids (CalWORKS), or Food Distribution Program on Indian Reservations (FDPIR) benefits, you may submit an application at that time.



**School Year [2019-20] ESUSD Application for Free and Reduced-Price Meals** Complete one application per household. Please read the instructions on how to apply. Print clearly with a pen. You may also apply online at [www.esusd.org](http://www.esusd.org). This institution is an equal opportunity provider. **California Education Code Section 49557(a): Applications for free and reduced-price meals may be submitted at any time during a school day. Children participating in the federal National School Lunch Program will not be overtly identified by the use of special tokens, special tickets, special serving lines, separate dining areas, or by any other means.**

**STEP 1 – STUDENT INFORMATION**

Children in Foster Care and children who meet the definition of Homeless, Migrant, or Runaway are eligible for free meals.

Print the name of EACH STUDENT (First, Middle Initial, Last) <b>EXAMPLE: Joseph P Adams</b>	Enter school name and grade level <b>Lincoln Elementary</b>	Enter student's birthdate <b>12-15-2010</b>	Check the applicable box if the student is foster, homeless, migrant, or runaway.		
			Foster	Homeless	Migrant
			<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"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**STEP 2 – ASSISTANCE PROGRAMS: CalFresh, CalWORKs, or FDIPIR**

Do ANY household members (child or adult) currently participate in CalFresh, CalWORKs or FDIPIR? If NO, skip STEP 2 and continue to STEP 3.

If YES, check the applicable program box, enter one case number, skip STEP 3, and continue to STEP 4.

Select Program Type:  
 CalFresh     CalWORKS     FDIPIR

Enter Case Number:

**STEP 3 – REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered 'YES' in STEP 2)**

**A. STUDENT INCOME:** Sometimes students in the household earn income. Enter the TOTAL GROSS income (before deductions) in whole dollars earned by all students listed in STEP 1. Enter the appropriate pay period in the "How Often" box: W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly

Print the name of ALL OTHER Household Members (First and Last)	Earnings from Work	Public Assistance/SSI/Child Support/Alimony	How Often	Pensions/Retirement/All Other Income	Total Student Income	
					How Often	How Often
	\$	\$		\$		
	\$	\$		\$		
	\$	\$		\$		
	\$	\$		\$		

**B. ALL OTHER HOUSEHOLD MEMBERS (including yourself):** List ALL household members not listed in STEP 1, even if they do not receive income. For each household member, report the TOTAL GROSS income (before deductions) in whole dollars for each source. If the household member does not receive income from any sources, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report. Enter the appropriate pay period in the "How Often" box: W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly

Print the name of ALL OTHER Household Members (First and Last)	Earnings from Work	Public Assistance/SSI/Child Support/Alimony	How Often	Pensions/Retirement/All Other Income	Total Student Income	
					How Often	How Often
	\$	\$		\$		
	\$	\$		\$		
	\$	\$		\$		
	\$	\$		\$		

C. Total Household Members (Children and Adults)   D. Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member     Check the box if NO SSN

**DO NOT COMPLETE. SCHOOL USE ONLY**

How Often?  Weekly  Bi-Weekly  Twice a Month  Monthly  Yearly

Annual Income Conversion: Weekly x52, Biweekly x26, Twice a Month x24, Monthly x12

Total Household Size:  Free  Reduced-price  Paid (Denied)

Verified as:  Homeless  Migrant  Runaway

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Verifying Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OPTIONAL – CHILDREN'S ETHNIC AND RACIAL IDENTITIES**

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

Ethnicity (check one):  Hispanic or Latino  Not Hispanic or Latino

Race (check one or more):  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or other Pacific Islander  White

**STEP 4 – CONTACT INFORMATION & ADULT SIGNATURE**

Certification: 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.

Signature of adult completing this application: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_