

# Welcome to Tenaya Elementary School

## Registration Instructions

- ❖ Forms are to be completed by the parent or guardian
- ❖ Please PRINT legibly
- ❖ Missing information and/or signatures may delay enrollment
- ❖ These forms MUST be completed prior to the registration

Please provide all requested information:

- ❖ **Certified Birth Certificate, Immunizations, Proof of Residence**, copy of current IEP or 504 (if applicable).
- ❖ The state requires parents to check **one** box for ethnicity, multiple boxes may be checked for race\*
- ❖ Please bring any **current** court orders or custody papers that are to be included in your student's file
- ❖ A Caregiver's Authorization form must be on file if the student is not living with a biological parent or court appointed guardian
- ❖ Contact Michele Hessler, Registrar for any questions regarding registration.  
(209) 962-7846 x 3450 Fax: (209) 962-5076
- ❖ Bussing and transportation questions call (209) 962-7846 x 3464

\*Educational Institutions are required to collect racial and ethnic data using a two part question on the educational institution's survey instrument.

The first question would be whether or not the student is Hispanic/Latino. Hispanic/Latino means a person of Cuban, Mexican, Puerto Rican, South Central American, or other Spanish culture or origin, regardless of race. The term Spanish origin can be used in addition to Hispanic/Latino.

The second question would ask the respondent to select one or more races from the following five racial groups:

1. American Indian or Alaskan Native. A person having origins in any of the original people of North and South America (including Central America), and who maintain a tribal affiliation or community attachment.
2. 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.
3. Black or African American. A person having origins in any of the Black racial groups of Africa.
4. Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. (Taken from the Federal Register/Vol. 72, #202/Friday, October 19, 2007)

**Tenaya Elementary School**  
Big Oak Flat-Groveland Unified School District  
19177 Highway 120, Groveland, CA 95321  
(209)962-7846 Fax (209)962-5076

Today's Date:

Student Record Request:

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Last Name	First	Grade	Date of Birth
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I do hereby request the \_\_\_\_\_ school to release and send all records and files regarding the aforementioned individual.

Please include any Special Services files, I.E.P.'s, Health folders etc.

Attention: please list any special services this student was receiving from school.

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Michele Hessler  
School Secretary

GRADE

# BOFGUSD STUDENT REGISTRATION

Student Last Name:

▶ Has your student ever attended \_\_\_BOFGUSD\_\_\_ public schools before?  Yes  No

PLEASE PRINT – STUDENT’S LEGAL NAME

Legal First Name	Legal Middle Name	Legal Last Name	Other Legal Name (if applicable)
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Male  Female Birth date:

Month	Day	Year
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Parent/Guardian First Name	Last Name	Home Phone ( ) ( )	Work Phone ( ) ( )
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Parent/Guardian First Name	Last Name	Home Phone ( ) ( )	Work Phone ( ) ( )
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Mailing Address	Apt#	City	State	Zip
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Residence Address (house # & street name) (IF DIFFERENT)	Apt #	City	State	Zip
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(P.O Box or house # & street name)

First Name:

**WHAT IS YOUR CHILD’S ETHNICITY? (Please check one):**  Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)  Not Hispanic or Latino

**WHAT IS YOUR CHILD’S RACE? (Please check up to five racial categories)**

*The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.*

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> American Indian or Alaskan Native(100)<br><small>(Persons having origins in any of the original people of North, Central or South America )</small> | <input type="checkbox"/> Laotian (206)     | <input type="checkbox"/> Tahitian (304)   |
| <input type="checkbox"/> Chinese (201)   | <input type="checkbox"/> Cambodian (207)   | <input type="checkbox"/> Other Pacific Islander (399)   |
| <input type="checkbox"/> Japanese (202)  | <input type="checkbox"/> Hmong (208)       | <input type="checkbox"/> Filipino/Filipino American (400)   |
| <input type="checkbox"/> Korean (203)  | <input type="checkbox"/> Other Asian (299) | <input type="checkbox"/> African American or Black (600)  |
| <input type="checkbox"/> Vietnamese (204)  | <input type="checkbox"/> Hawaiian (301)    | <input type="checkbox"/> White (700) <small>(Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)</small> |
| <input type="checkbox"/> Asian Indian (205)  | <input type="checkbox"/> Guamanian (302)   |   |
|  | <input type="checkbox"/> Samoan (303)      |   |

**PARENT EDUCATION – Check the response that describes the education level of the most educated parent.**

- Graduate Degree or Higher (10)
- College Graduate (11)
- Some College or Associate’s Degree (12)
- High School Graduate (13)
- Not a High School Graduate (14)

Permanent ID:

Student Last Name: \_\_\_\_\_

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

Permanent ID: \_\_\_\_\_

**HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line:**

1. What language/dialect does your son/daughter most frequently use at home? \_\_\_\_\_
2. Which language/dialect did your son/daughter learn when he/she first began to talk? \_\_\_\_\_
3. What language/dialect do you most frequently speak to your child? \_\_\_\_\_
4. Has your child ever been given the CELDT Test (Calif English Language Development Test)?  Yes  No  I don't know

**Residence – where is your child/family currently living? (federally mandated by NCLB) – Please check appropriate box:**

- |   |  |
|---|--|
| <input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home)                      | <input type="checkbox"/> In a motel/hotel (09)             |
| <input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (11) | <input type="checkbox"/> Unsheltered (car/campsite) (12)   |
| <input type="checkbox"/> In a shelter or transitional housing program (10)  | <input type="checkbox"/> Other (15) (please specify) _____ |

**Parent/Guardianship Information (with whom the student lives) – check all that apply**

- Father  Mother  Both  Step-Father  Step-Mother  Guardian  Foster/Group Home  Other \_\_\_\_\_
- Is the above (checked) person (s) the student's LEGAL guardian?  Yes  No If No, please complete a "Caregiver Affidavit"
- If there is a legal custody agreement regarding this student, please check one:  Joint Custody  Sole Custody  Guardian

**PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:**

1.  Father  Step Father/Guardian (check one) Full Name: \_\_\_\_\_

Employer: \_\_\_\_\_ City: \_\_\_\_\_ Daytime Phone # (\_\_\_\_) \_\_\_\_\_

2.  Mother  Step Mother/Guardian (check one) Full Name: \_\_\_\_\_

Employer: \_\_\_\_\_ City: \_\_\_\_\_ Daytime Phone # (\_\_\_\_) \_\_\_\_\_

**DUPLICATE MAILING – If divorced/separated & joint custody allows duplicate mailing/information to be given to other parent, Please include their name, address, and phone number:**

Full Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**MOST RECENT SCHOOL ATTENDED:**

School	Address/City/State/Zip	Grade(s)	Date(s)

Are there psychological or confidential reports available from your child's former school?  Yes  No

Has your child been suspended?  Yes  No Has your child ever been expelled?  Yes  No

What special services has your child received? (please check all boxes that apply)

Special Education:  Resource (RSP)  Special Day Class (SDC)  Speech/Language  504

Other:  Gifted (GATE)  Remedial Math  Remedial Reading  Counseling  English Language Development

Help to Improve Attendance/ Behavior  Other (Specify) \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

BELOW FOR SCHOOL USE ONLY

Proof of Birth: Type: _____ Verified by: _____	Proof of Residence: Type: _____ Verified by: _____	Proof of Immunization: Type: _____ Verified by: _____	Entry Reason:	Enroll Date:	Assigned Grade:	Permanent ID:	Blank <input type="checkbox"/> ET <input type="checkbox"/> RC
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## CUSTODY LAW NOTIFICATION

Custody disputes must be handled by the courts. By law, if parents are legally separated or divorced, each parent has equal rights to the custody of the children UNLESS one of them has a signed court order that indicates otherwise. The school has no legal right to refuse a biological parent access to their children and/or school records.

If a parent has a signed, current court order limiting the other parent or any other person, the school MUST HAVE A COPY of the court order on file. If a copy is not on file, the school is required by law to release children to their parents with proper identification. Situations that put the welfare of students in question will be handled at the discretion of the Principal/Designee. In situations that become a disruption to the school, the Tuolumne County Sheriff's Department will be contacted, and a deputy will be requested to intervene.

Parents are asked to make every attempt not to involve schools in custody matters. Please have current information on file for your children.

**I have read and understand the above statement.**

**Student Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

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



## Student Residency Questionnaire

This form is intended to address the requirements of the McKinney-Vento Act (Title x, Part C of the No Child Left Behind Act). The questions below are to assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Act. (No information given on this form will be given to ICE.)

Name of Student: \_\_\_\_\_ School \_\_\_\_\_  
Last Name First Name

### Section A

Do you and your student live in a **fixed, regular** and **adequate** nighttime residence?

- Yes (No further information is required)
- No (please complete Section B below)

### Section B

**If you marked NO above please complete the information below.**

Where does the student stay at night?

- In a shelter
- In a motel/hotel
- In a car or RV
- At a campsite
- Unsheltered
- Temporarily doubled-up (sharing housing with other families/individuals due to economic hardship or loss)
- In another location that is not appropriate for people (e.g. an abandoned building)
- Other (an arrangement that is not fixed, regular and adequate and is not described by the other choices)
- Substandard housing (i.e. no electricity, running water, etc.)

If the student does not live with a parent or guardian, the student lives with:

- A qualified relative
- Friend(s)
- And adult that is not the legal guardian
- Alone with no adult

*I declare under penalty of perjury under the laws of this state that the information provided here is true and correct and of my own personal knowledge.*

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

Name of person completing this form: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

# TENAYA ELEMENTARY SCHOOL

PLEASE UPDATE YOUR CHANGE OF EMERGENCY CONTACT INFORMATION.

IF WE ARE UNABLE TO REACH YOU, PLEASE LIST WHO HAS PERMISSION TO PICK UP YOUR CHILD AT THE END OF THE SCHOOL DAY, OR IN THE EVENT OF ILLNESS OR INJURY.

Name of Student \_\_\_\_\_ Teacher \_\_\_\_\_

Name of Contact/Phone Number of Contact - Indicate "H" for home, "C" for cell, "W" for work

Name of Contact/Phone Number of Contact - Indicate "H" for home, "C" for cell, "W" for work

Name of Contact/Phone Number of Contact - Indicate "H" for home, "C" for cell, "W" for work

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

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

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to obtain medical care and medical treatment for my child.

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

Relationship to Student \_\_\_\_\_

Date \_\_\_\_\_

## BUS TRANSPORTATION/EMERGENCY FORM

Since the Big Oak Flat-Groveland Unified School District is dominated by Highway 120, and all of the stops are along roads with traffic, every effort has been made to select stops which, in the opinion of bus drivers and trustees, are most protective for the children. However, parents in each stop area must instruct their children, and check on their children's behavior on the way to and from the stops and while waiting at the stop.

1. Pupils shall not cross main traveled roads at the bus stop except with the driver's assistance.
2. Pupils shall not play at the edge of the road or play running ball games which might lead to darting into the road.
3. Teach children to understand and observe all of the rules for behavior on the bus.
4. Students are to ride their assigned routes only. The routes are formed after considering home location, bus capacity, and student safety. The transportation department appreciates your support and understanding.

PARENTS: Please have your child return this slip to his or her bus driver.

1. I have read the policy regarding pupil transportation in the student handbook.
2. In case of accident or serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below, and to follow his instructions. If it is impossible to contact this physician, I hereby authorize the school to obtain medical care and medical treatment.

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Students Name, Grade Level and Teacher

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Street Address

Phone Number

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Lot & Unit Number

Nearest Cross Street or Landmark

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Brothers & Sisters Names & Grade Level

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Any Health or Allergy Problems

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Local Physician's Name

Address

Phone Number

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Parent Signature

Date



# STUDENT TRANSPORTATION RULES

THE FOLLOWING RULES APPLY TO ALL STUDENTS RIDING SCHOOL BUSES:

1. Students transported in a school bus shall be under the authority of and responsible to the driver of the bus.
2. No student will be denied school bus transportation unless he/she consistently behaves in a disorderly manner or refuses to submit to the authority of the bus driver.
3. Students must remain seated while the bus is in Motion.
4. Students must remain in their own seats unless allowed by the bus driver to change.
5. A QUIET BUS is a SAFER BUS, so students are expected to conduct their conversation in a quiet manner.
6. Guide Dogs are the only animals allowed on a School Bus.
7. Any containers on the bus must be of unbreakable material, i.e. wood, metal, plastic
8. No knives, dangerous objects, or weapons of any sort may be transported on a school bus.
9. Students are not permitted to throw anything out the window of a school bus. Throwing or shooting anything within the school bus is not permitted.
10. For safety, students must sit in the seats assigned to them by the bus driver. They are to face forward and keep legs and feet out of the aisle.
11. Horseplay and scuffling are inappropriate bus behavior.
12. All students are to keep their hands off other persons.
13. Control of lowering and raising the windows shall be under the supervision of the bus driver. Windows shall never be lower than 3 notches
14. Students will keep all parts of their bodies inside the bus whether the vehicle is stopped or in motion.
15. Tampering with bus equipment is illegal.
16. All students who have red light stops shall wait to be escorted across the street or highway in front of the bus.
17. Students are to be respectful and obedient to the bus driver.
18. Students are to have a note from their parent or guardian on each occasion they are to ride a bus or go to a bus stop that is not their own.
19. It is a suspension offense to willingly deface or destroy any part of a bus.
20. Chewing Gum or eating is not allowed on the bus.
21. Students are to be at the bus stop 10 minutes before their scheduled pickup time
22. Spitting is inappropriate behavior and will not be permitted.

**1<sup>st</sup> offense: Warning letter sent home**

**2<sup>nd</sup> offense: 3 days off the bus- letter sent home (High school 5 days)**

**3<sup>rd</sup> offense: 5 days off the bus – letter sent home (High School 10 days)**

**4<sup>th</sup> offense: 10 days off the bus – letter sent home (High School Remainder of the Semester or 3 Months – whichever is longer)**

**5<sup>th</sup> offense: Off bus remainder of the trimester or 3 months whichever is longer (High School Off bus remainder of the year or 3 months, whichever is longer)**

Please discuss these rules with your child. Sign and return to the bus driver.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Date \_\_\_\_\_

Teacher \_\_\_\_\_

Grade \_\_\_\_\_

### MEDICAL INFORMATION

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent's Name \_\_\_\_\_ Home Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Telephone \_\_\_\_\_

Allergies to: \_\_\_\_\_ Symptoms \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Bee Sting Allergies: Symptoms \_\_\_\_\_

Treatment/Medication Needed \_\_\_\_\_

Has your child ever had an allergic reaction requiring a visit to the emergency room or hospital?

Yes \_\_\_ No \_\_\_ Please explain: \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Asthma: Medication/Inhalers \_\_\_\_\_ Peak Flow \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Diabetes: Treatment \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Convulsions/Seizure Disorder: Medication \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Heart condition Medication/Restriction \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Orthopedic Problems: Limitations \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Hyperactivity/ADD: Medication/Treatment \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Head Injury: Medication/Treatment \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Frequent Colds: Medication/Treatment \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Skin Problems: Medication/Treatment \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Tires Easily: Medication/Treatment \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Stomachaches: Medication/Treatment \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Speech Problems: Medication/Treatment \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Kidney Disease: Medication/Treatment \_\_\_\_\_

Other Current health problems: \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Are any medications taken on a regular basis? Names of medications: \_\_\_\_\_

Child's Physician/Clinic \_\_\_\_\_ Date of Last Physical Exam \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Glasses: Distance only \_\_\_ Reading only \_\_\_ All the time \_\_\_ Date of last exam \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Hearing Problems: Hearing Aid: Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_ History of Earaches/Infections: Number per year \_\_\_\_\_

Doctor Providing care for Ears \_\_\_\_\_ Date of Last Infection \_\_\_\_\_

### CURRENT HEALTH STATUS

Has your child been examined by:

Yes \_\_\_ No \_\_\_ Dentist? Name \_\_\_\_\_ Date of exam \_\_\_\_\_

Recommendation: \_\_\_\_\_

If there is a change in the child's health which affect his/her ability to participate in school activities, or if he/she is placed on a regular medication, it is the parent's responsibility to notify the school. Please request forms as needed if either condition exists.

X \_\_\_\_\_

Signature of Parent/Guardian

Please attach a copy of your child's immunization record to this form.

Dear Parents/Guardians:

Your child's class will be participating in the Smile Keepers Dental Disease Prevention Program this school year. Children in this program will:

1. Learn to prevent cavities and gum disease
2. Learn to brush and floss their teeth
3. Have a basic dental screening
4. Receive two fluoride varnish applications during the school year

There is no cost to participate in this program, however **YOU MUST SIGN THIS FORM** for your child to participate with the rest of the class.

### 1. Your Child's Information

Child's Name				Age	
Name of School	Tenaya Elementary School			Grade	
Child's Birth Date					Teacher/Room #
Home Phone Number	Month	Day	Cellular Number	Year	
Emergency Contact:	Name			Phone	

### 2. Dental History & Health Coverage

Does your child currently have a dentist they see every 6 months?  Yes  No

Does your child have dental insurance?  Yes  No If yes, which type of dental insurance?  Medi-Cal  Private  Other

Name of child's regular dentist (if applicable): \_\_\_\_\_

Would you like help finding a dentist for your child?  Yes  No

### 3. Health History

Does your child have any medical conditions we should be aware of?  Yes  No

Please explain: \_\_\_\_\_

### 4. Consent for Dental Services

I give consent for my child to receive dental services by the providers at Smile Keepers Dental Disease Prevention Program. These dental services include limited oral evaluation and protective fluoride treatment. **I understand a limited oral evaluation is only a very basic assessment and does not take the place of a full dental exam.** I understand I would need to secure the service of a dentist in order for my child to receive a complete dental exam necessary to establish and maintain oral health.

As stated in CA ED code section 35330, I agree to hold the TCSOS, it's officers, agents and employees harmless from any liability claims which may arise out of, or in connection with my child's participation in this activity.

### 5. Consent to Share Information

Your child's information will be kept confidential. Tuolumne County Public Health Department uses health screenings to link children who need treatment to providers, and plan and evaluate countywide public health programs. Tuolumne County Public Health Department may report screening results to government agencies and policymakers in terms of total number of children served. Your child's personal information **will not be shared** with other agencies or anyone other than your child's school without your written permission.

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

*For more information, please contact Erika Hagstrom Dossi, RDA or Ocean Arellano, RDHAP, at (209)536-2014. Please have your child return this form to his/her teacher immediately.*

FIRST VISIT: DATE: \_\_\_\_\_ EXAMINER: \_\_\_\_\_

SCREENING

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

A B C D E F G H I J

T S R Q P O N M L K

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

TREATMENT: SCREEN ONLY PROPHY VARNISH #1  
CLASS: I II III CARIES FREE HISTORY: Y N ALREADY SEALED: Y N

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SECOND VISIT: DATE: \_\_\_\_\_ EXAMINER: \_\_\_\_\_

SCREENING

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

A B C D E F G H I J

T S R Q P O N M L K

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

TREATMENT: SCREEN ONLY PROPHY VARNISH #2  
CLASS: I II III CARIES FREE HISTORY: Y N ALREADY SEALED: Y N

**School Year 2020-2021 Big Oak Flat Groveland USD Application for Free and Reduced-Price Meals**

Please read the instructions on how to apply. Print clearly with a pen. 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, separate entrances, 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) EXAMPLE: Joseph P Adams	Enter school name and grade level Lincoln Elementary 1st	Enter student's birthdate 12-15-2010	Check the applicable box if the student is foster, homeless, migrant, or runaway.	
			Foster	Homeless
			Migrant	Runaway

**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:	Enter Case Number:
CalFresh	CalWORKs
FDPIR	

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

**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 purposefully give false information, my children may lose meal benefits, and I may be prosecuted under applicable state and federal laws.

**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 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 = Monthly, Y = Yearly

**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 = Monthly, Y = Yearly

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

Check the box if NO SSN


D. Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member

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**DO NOT COMPLETE. SCHOOL USE ONLY**

How Often? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	Total Household Income
Annual Income Conversion: Weekly x52, Biweekly x26, Twice a Month x24, Monthly x12	\$
Total Household Size	<input type="checkbox"/> Categorical
Eligibility Status: <input type="checkbox"/> Free <input type="checkbox"/> Reduced-price <input type="checkbox"/> Paid (Denied)	<input type="checkbox"/> Error Prone
Verified as: <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway	