

## New Students Enrolling in **WHITEHALL DISTRICT SCHOOLS**

Please complete the following pages and bring with you to the school office that you're enrolling in, along with the following items:

- **Birth Certificate** - with original seal
- **Proof of Residency** - this may consist of a lease/purchase agreement, a utility bill or bank statement. Needs to show physical address, and may not consist of a screenshot
- **Immunization Record**
- If you have special education services, a copy of **most recent IEP**

After all enrollment materials have been received, we will begin the registration process for your child. This may take a few days and we will contact you as soon as possible.

\*If you do not live in the Whitehall school district and have not obtained Schools of Choice paperwork, contact the district office at 893-1010.



# WHITEHALL DISTRICT SCHOOLS

Shoreline, Ealy, Middle, High School and Home School Partnership

## ENROLLMENT FORM

For Office Use Only Date: \_\_\_\_\_

Student Number: \_\_\_\_\_

Student UIC#: \_\_\_\_\_

Building/Teacher: \_\_\_\_\_

DATE \_\_\_\_\_

### STUDENT INFORMATION

Student: \_\_\_\_\_  
Last name First Name Middle

Student Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Main Contact #( ) \_\_\_\_\_ Student Cell( ) \_\_\_\_\_

Enrolling in Grade \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace (city/state) \_\_\_\_\_ Gender (F/M) \_\_\_\_\_

Does student currently receive Special Education Services: ☐ no ☐ yes (must sign 30 day placement)

Last school attended \_\_\_\_\_ city/state/zip \_\_\_\_\_

Last grade attended \_\_\_\_\_ ☐ Promoted ☐ Retained

### PARENT/GUARDIAN INFORMATION

With whom does the student reside (Check all that apply):

Parent: ☐ Mother ☐ Father ☐ Step Mother ☐ Step Father

Guardian: ☐ Legal Guardian ☐ Ward of the Court ☐ Foster Parent ☐ Other Relative ☐ Host Family (exchange student)

Contact information of parents or guardian with whom child resides:

Name \_\_\_\_\_ Cell number ( ) \_\_\_\_\_

Email address \_\_\_\_\_ Employer name/number \_\_\_\_\_ ( ) \_\_\_\_\_

Name \_\_\_\_\_ Cell number ( ) \_\_\_\_\_

Email address \_\_\_\_\_ Employer name/number \_\_\_\_\_ ( ) \_\_\_\_\_

### Please List Any Other Children in Family

\_\_\_\_\_ age \_\_\_\_\_ \_\_\_\_\_ age \_\_\_\_\_

\_\_\_\_\_ age \_\_\_\_\_ \_\_\_\_\_ age \_\_\_\_\_

### Special Conditions

Briefly state any medical conditions or changes in your family situation that we should know about (i.e.: allergies, asthma, divorce, deaths, etc.)

Mandatory forms to be completed:

All buildings: ☐ enrollment ☐ emergency ☐ ca request ☐ transportation ☐ ferpa ☐ residency questionnaire ☐ disclosure of discipline  
☐ ethnicity ☐ home language survey ☐ free/reduced lunch

Shoreline/Ealy: ☐ parent/student compact

Middle/High School: ☐ concussion ☐ athletics participation

### Student Ethnicity and Race

Please answer BOTH questions below by marking the appropriate answer

What is your child's race?

☐ White

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ American Indian or Alaska Native

Is your child Hispanic/Latino? ☐ No ☐ yes (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race).

### State Board of Education Approved Home Language Survey\*

Michigan welcomes families of all language backgrounds. Speaking more than one language is a valuable asset! Please answer the three questions below. If your response to any of the questions is a language other than English, the school district will give an assessment to see if your student may benefit from English language support.

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

1. What language is used most at home? \_\_\_\_\_

2. What language is used most by the student? \_\_\_\_\_

3. In which language do you prefer to receive communication from the school? \_\_\_\_\_

\*If you need this form translated in another language, please inform a secretary at your child's school.

### Schooling Outside of the U.S.

4. Was the student born outside the U.S. or Puerto Rico? ☐ no ☐ yes

*If yes, when did the student enter U.S. schools?*

(If less than 3 years, mark student as Immigrant in MSDS).

\_\_\_\_\_

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

### Disclosure of Prior Discipline Record

All non-resident students requesting admission to the Whitehall School District must complete this disclosure form. A willful false statement will result in a report to the appropriate authorities and may preclude admission to the district.

Please check the applicable statement below, provide all appropriate information, and sign and date this document.

☐ The undersigned affirm(s) that \_\_\_\_\_ (student name) has **never** been suspended or expelled from any public or private school in Michigan or any other state.

☐ The undersigned hereby discloses that \_\_\_\_\_ (student name) has been suspended or expelled from a public or private school in Michigan and/or another state.

If the second statement is checked, explain the circumstances in detail. Provide the name and location of the school(s), date(s) of suspension(s) and/or expulsion(s), and a clear, complete description of the incident(s).

\_\_\_\_\_  
Explanation of Incident

\_\_\_\_\_  
Name and address of school

\_\_\_\_\_  
Dates of suspension/expulsion

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

\_\_\_\_\_  
Date

### Home School Partnership Virtual Requirement *(to be completed by home school students only)*

In order to participate in the Whitehall Home School Partnership Program a student is required to take a minimum of one seated class and two online virtual elective classes.

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

\_\_\_\_\_  
Date

# WHITEHALL DISTRICT SCHOOLS

*Shoreline, Ealy, Middle, High School and Home School Partnership*

## EMERGENCY FORM

For Office Use Only

Student Number: \_\_\_\_\_

Student UIC#: \_\_\_\_\_

Building/Teacher: \_\_\_\_\_

Student: \_\_\_\_\_ Gender ☐ F ☐ M  
Last name First Name Middle

Student Address: \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
Street City Zip

Student Cell\_(\_\_\_\_\_) (if applicable)

Student living with (Check all that apply):

Parent: ☐ Mother ☐ Father ☐ Step Mother ☐ Step Father  
Guardian: ☐ Legal Guardian ☐ Ward of the Court ☐ Foster Parent ☐ Other Relative ☐ Host Family(exchange student)

### CONTACT INFORMATION FOR WHOM CHILD LIVES WITH:

Name \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_

Home # (if different from cell) (\_\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

Place of Work \_\_\_\_\_ Work number\_(\_\_\_\_\_) \_\_\_\_\_ Work email \_\_\_\_\_

Name \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_

Home # (if different from cell) (\_\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

Place of Work \_\_\_\_\_ Work number\_(\_\_\_\_\_) \_\_\_\_\_ Work email \_\_\_\_\_

If parents are divorced or legally separated and students reside at both residences, please list this additional information below. We will do our best to accommodate any mailings to both addresses. Please let the office know of any custody issues and submit any legal documentation necessary.

Parent/Guardian name of second household Address Phone #

### IF PARENT/GUARDIAN CANNOT BE REACHED IN EVENT OF EMERGENCY PLEASE CALL:

1. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Relationship Phone#

2. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Relationship Phone#

3. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Relationship Phone#

### DOCTOR / HOSPITAL / MEDICAL INFORMATION: Any medical condition or allergy we should be made aware of: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Phone:\_(\_\_\_\_\_) \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Phone:\_(\_\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship to Student \_\_\_\_\_

\*The above signature is an indication by parents or guardian that school officials have the authority to decide emergency care for their children while in school attendance.

### OPT IN AGREEMENT

I understand by signing this statement the school district may communicate with me through my contact information, including emails, automated phone calls and/or text messages.

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

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

\_\_\_\_\_  
Date

### HANDBOOK

My signature acknowledges that I have read the school handbook online at ([www.whitehallschools.net](http://www.whitehallschools.net)) or have requested and received a copy of the handbook. I am responsible for abiding by the guidelines and regulations for student conduct contained therein.

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

\_\_\_\_\_  
Date

### TECHNOLOGY ACCEPTABLE USE AGREEMENT

My signature acknowledges that I have read the Technology Acceptable Use Agreement online at [www.whitehallschools.net](http://www.whitehallschools.net) or have requested and read a copy of the agreement. I am responsible for abiding by the guidelines and regulations for student conduct therein.

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

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

\_\_\_\_\_  
Date

### CHROMEBOOK *(not applicable to all grades)*

My signature acknowledges that my child and I have read and agree to the terms of the Chromebook Policy.

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

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

\_\_\_\_\_  
Date

### FIELD TRIP PERMISSION

My signature acknowledges that I give my child permission to go on all field trips during the current school year. I understand that I will be notified of all school field trips through the school newsletter or notes sent home by the teacher and that students will be transported by school vehicle or private vehicle operated by the teacher and/or staff member.

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

\_\_\_\_\_  
Date

### LOCKER ASSIGNMENT *(not applicable to all grades)*

In accepting a locker assignment and using the locker, I understand I am fully responsible for all of its contents. I agree that the principal of this building, or his representative, has the joint use and control of it and may open this locker and examine any of the items or contents thereof at any time. This agreement will be in effect as long as I am assigned to a locker.

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

\_\_\_\_\_  
Date

### MILITARY STATEMENT

Is at least one parent a full-time member of the Armed Forces on active duty?

☐ no

☐ yes

If yes: Name of Armed Forces Branch \_\_\_\_\_ Name of Parent(s) \_\_\_\_\_

# WHITEHALL DISTRICT SCHOOLS

## 1<sup>st</sup> – 12<sup>th</sup> GRADE TRANSPORTATION SCHEDULE FORM

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

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

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

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

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

IS SCHOOL BUS TRANSPORTATION NEEDED?:                      YES    or    NO    (circle)

### **IMPORTANT**

Students are provided with transportation to and from bus stops near their home. 1<sup>st</sup> grade – 5<sup>th</sup> grade students may be required to walk up to 1 mile to their bus stop. 6<sup>th</sup> grade – 12<sup>th</sup> grade may be required to walk up to 1½ miles to a bus stop. Students will be allowed only one designated pick-up address and only one designated drop-off address. (ie: Pick-up address of 111 Daycare Lane Mon-Fri, drop-off of 2222 Home Address Drive Mon-Fri). **For the safety of all students, no daily changes will be permitted.**

Student's pick-up address: \_\_\_\_\_

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

Home\_\_      Daycare\_\_

Student's drop-off address: \_\_\_\_\_

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

Home\_\_      Daycare\_\_

Effective dates: We are in the process of preparing information to be used to establish bus routes for the fall. Therefore, please provide you childcare information as soon as possible to assist us in establishing our **tentative bus routes that will be posted at your school or the bus garage**. Each year we update our childcare provider information.

There will be no major changes to bus stops or bus routes from mid August until late September. This time is needed to establish bus stops, times, and to effectively communicate any changes to parents and students. During the school year if a permanent change in childcare provider information is necessary, please come to school to complete a new Student Transportation Schedule Form.

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

\_\_\_\_\_  
Date

**PLEASE RETURN THIS FORM TO YOUR SCHOOL OR THE BUS GARAGE EVEN IF YOUR CHILD DOES NOT REQUIRE TRANSPORTATION. FAX NUMBER 893-1061.**

**NO TRANSPORTATION WILL BE PROVIDED IF THIS FORM IS NOT RETURNED.**

# STUDENT RESIDENCY QUESTIONNAIRE

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

Student Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Foster Child: \_\_\_ Yes \_\_\_ No If Yes, how long has this foster child lived with you? \_\_\_\_\_

Please list all of your preschool and school-aged children currently living with YOU: (continue on back if more space is needed)

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ School: \_\_\_\_\_

**Information provided on this form is confidential.**

What is your current living situation? (Based on your situation, your child may be eligible for additional services)

\_\_\_\_\_ **I own or rent my own home/apartment.** If you checked this box, **STOP** here...you do not need to answer any additional questions

\_\_\_\_\_ **Sharing the housing of other persons due to:** (check one)

☐ Loss of housing due to eviction, foreclosure, or other economic hardship

Explain: \_\_\_\_\_

☐ Long-term, cooperative living arrangement to save money or a similar reason

\_\_\_\_\_ **At a motel, hotel, campground or similar setting due to:** (check one)

☐ Lack of alternative adequate accommodations

☐ It being a convenient living arrangement, or waiting for apartment or house to be ready

\_\_\_\_\_ **In an emergency or transitional shelters** (domestic violence or homeless shelters or transitional housing)

\_\_\_\_\_ **In a primary nighttime residence that is a place not designed for or ordinarily used as a regular sleeping accommodation for humans**

\_\_\_\_\_ **In cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar setting**

How long do you anticipate living at this location? \_\_\_\_\_

Current Address: \_\_\_\_\_

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

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

OFFICE USE ONLY: \_\_\_ McK-V

\_\_\_ UnY

\_\_\_ FC

If checked, complete referral form.

# WHITEHALL DISTRICT SCHOOLS

## REQUEST FOR STUDENT CA-60 RECORDS

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

Information is requested on the following student:

Student Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Previous School Name and Numbers:

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Fax number

\_\_\_\_\_  
Phone number

The above student is transferring to Whitehall District Schools. Please mail his/her CA-60 cumulative record and all related information pertaining to the student to the building selected below. Thank you.



CJ Van Wieren, Superintendent  
Whitehall District Schools

☐

Shoreline Elementary

Attn: Student Records  
205 Market Street  
Whitehall, MI 49461  
P: 231-893-1050 F: 231-893-4705

☐

Ealy Elementary

Attn: Student Records  
425 Sophia Street  
Whitehall, MI 49461  
P: 231-893-1040 F: 231-894-9060

☐

Whitehall Middle School

Attn: Student Records  
401 S. Elizabeth Street  
Whitehall, MI 49461  
P: 231-893-1030 F: 231-894-6844

☐

Whitehall High School

Attn: Student Records  
3100 White Lake Dr.  
Whitehall, MI 49461  
P: 231-893-1020 F: 231-893-2923

☐

Parents are currently here to enroll the student. Please fax the requested documents below upon receipt of this form, so we may begin the enrollment process. We appreciate your help. Thank you.

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

\_\_\_\_\_  
Date



**Ealy Elementary School**  
***Parent – Student – School Compact***

**Statement of Commitment:**

As staff, parents and community, we partner together on behalf of children to provide quality educational experiences that lead to high levels of achievement. We recognize that education takes place within the home, the school, and the world in which our children live.

**What Ealy Elementary will do for your child...**

- Foster a relationship among children, teachers, and paraprofessionals, which results in positive educational growth through curriculum support.
- Provide supplementary learning opportunities that are integrated within classroom activities.
- Involve parents and staff in the planning of ongoing improvements to the Title I programs.
- Use individual student data to make decisions regarding eligibility, services, and progress.
- Provide individual or small group work with your student to address any academic problems that your child is having in school.
- Hold high expectations for all staff who work at our school.
- Communicate with parents and students about progress toward expected levels of achievement.
- Use data to evaluate the effectiveness of our Title I program.

Mr. Ronald Bailey

Principal, Ealy Elementary

Mr. John Mierz

Title I Director

**What parents agree to do in support of their child's education...**

(Check all below you agree to do).

- See that my child attends school regularly and is on time.
- Be a source of encouragement and positive support to my child.
- Help my child establish a healthy routine and expectation for homework completion.
- Attend conferences, school meetings, PTO, programs, and events whenever possible.
- Maintain ongoing communication with my child's teacher.
- Read with my child and provide time for my child to read for enjoyment.
- Limit and monitor my child's TV, movie, and video game time.
- Encourage healthy habits at home including daily play and physical activity.

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

Teacher \_\_\_\_\_

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

Date \_\_\_\_\_

This compact is reviewed annually by parents and revisions are made at that time based on parental feedback and consensus. Revised 3-2025

# WHITEHALL DISTRICT SCHOOLS

## FERPA Opt-Out Form

The Family Educational Rights and Privacy Act (also known as “FERPA”) is a federal law that protects the privacy of educational records, and is described in Board Policy 8330 our district website ([www.whitehallschools.net](http://www.whitehallschools.net)). A copy of the notice may also be obtained by contacting your child’s school office.

In accordance with the Federal Educational Rights and Privacy Act of 1974 (FERPA), as amended, a student’s education records are maintained as confidential and, except for a limited number of special circumstances listed in that law, will not be released to a third party without the parent/student’s prior written consent. The law, however, does allow schools to release student “directory information” without obtaining the prior consent of the parent/student. If you do not want the release of certain types of directory information without your prior consent, you may choose to “opt-out” of this FERPA exception.

Occasionally the press and other publicly supported institutions including alumni groups, colleges, military recruiters, and school-related activity sponsors could ask for the following types of directory information: student’s name, grade, major field of study, extracurricular participation, achievement awards, information to the military, student picture, student picture on district website. If for any reason you do not wish to have this information released, please fill out the form below and return to the school office.

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**Only those parents who want to exclude information should return this form.**

Mark the items below to be excluded, and return to the school office. Thank you.

School Building: (circle one)      **Ealy**              **Shoreline**              **Middle School**              **High School**

Student’s Name: \_\_\_\_\_ Student’s Grade: \_\_\_\_\_

Parent’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this form, I indicate that I do not want the following information released for my child:

- |   |   |
|---|---|
| <input type="checkbox"/> Student’s address                  | <input type="checkbox"/> Picture on the district website      |
| <input type="checkbox"/> Major field of study               | <input type="checkbox"/> Grade placement                      |
| <input type="checkbox"/> Achievement awards                 | <input type="checkbox"/> Extracurricular participation        |
| <input type="checkbox"/> Picture in yearbook                | <input type="checkbox"/> Information to military              |
| <input type="checkbox"/> Picture in media releases          | <input type="checkbox"/> Weight & height for athletic rosters |
| <input type="checkbox"/> Picture on social media (Facebook) | <input type="checkbox"/> Immunizations                        |

# EDUCATION BENEFITS FORM SY 2025 - 2026

District: Whitehall District Schools

School: \_\_\_\_\_

## PART A: STUDENT INFORMATION – Complete for each student Pre-K through 12th Grade

Student's Last Name	Student's First Name	Grade Level	School	Identify H if Homeless M if Migrant R if Runaway F if Foster

If you need additional lines, attach a second sheet to this report or attach a copy of this report clearly marked as a **Page 2**.

**PART B: BENEFITS RECEIVED** - If any member of your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, provide the name and case number for the person who receives benefits. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

**PART C: HOUSEHOLD SIZE** - Enter the total number of individuals living in your household, including all adults and children → \_\_\_\_\_

**PART D: TOTAL MONTHLY HOUSEHOLD INCOME** – Report income for all members of household excluding Foster Children. If you have reported a case number above, you do not need to fill in this section. Move on to PART E.

Type of Income	Income	Circle if None
1. Gross <b>Monthly</b> Earnings: Wages, Salary, Commissions	\$	None
2. <b>Monthly</b> Welfare Payments, Child Support, Alimony	\$	None
3. <b>Monthly</b> Payments from Pensions, Retirement, Social Security	\$	None
4. <b>Monthly</b> Dividends or Interest on Savings	\$	None
5. <b>Monthly</b> Worker's Compensation, Unemployment, Strike Benefits	\$	None
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	None
<b>Total Monthly Household Income</b> (Add lines 1-6)	\$	

**PART E: CERTIFICATION** - The head of household or adult designee who completed this form must complete this certification section.

I certify (promise) that all information on this form is true and that all income is reported to the best of my knowledge. I understand that this form may impact the amount of State or Federal funding allocated to my local school district. I understand that the information I have provided may be verified.

(Signature) \_\_\_\_\_ (Printed Name) \_\_\_\_\_ (Date) \_\_\_\_\_

(Address) \_\_\_\_\_ (City) \_\_\_\_\_ (Zip) \_\_\_\_\_

(Email Address) \_\_\_\_\_ Home Phone) \_\_\_\_\_ (Work Phone) \_\_\_\_\_

**Do NOT fill out this section. This is for school use only.**

Status: F \_\_\_\_\_ R \_\_\_\_\_ N \_\_\_\_\_ Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **INSTRUCTIONS FOR COMPLETING THE EDUCATION BENEFITS FORM**

This form is used to determine eligibility for state benefits for which your child(ren)'s school may qualify. Please complete, sign, and return this form to your child's school.

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES BENEFITS FROM THE FOOD ASSISTANCE PROGRAM (FAP), FAMILY INDEPENDENCE PROGRAM (FIP), OR FDPIR PLEASE FOLLOW THESE INSTRUCTIONS:

Part A: Student Information - For each student in the household Pre-K through 12th grade, list the last name, first name, grade level, school, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

Part B: Benefits Received: If any household member, including adults, receives Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR), provide the name and case number. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Part C: Size of Family - Enter the total number of individuals living in your household. This should include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.

Part D: Total Monthly Household Income - Skip this part

Part E: Certification - Sign the form. Print your name and Date.

IF YOUR HOUSEHOLD DOES NOT RECEIVE BENEFITS FROM THE FOOD ASSISTANCE PROGRAM (FAP), FAMILY INDEPENDENCE PROGRAM (FIP), OR FDPIR PLEASE FOLLOW THESE INSTRUCTIONS:

Part A: Student Information - For each student in the household Pre-K through 12th grade, list the last name, first name, grade level, school, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

Part B: Benefits Received: Skip this part.

Part C: Size of Family - Enter the total number of individuals living in your household. This should include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.

Part D: Total Monthly Household Income - Enter monthly income for all household members for each type of income that applies. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc. If you have no income for a category, circle NONE. Add lines though 1 through 6 and enter the Total Monthly Household Income.

Part E: Certification - Sign the form. Print your name, date, and contact information.