

Zumbro Education District  
Area Learning Center  
2002 Mantorville Ave N  
Kasson, MN 55944

Today's Date: \_\_\_\_\_

## Student Registration Form

**INSTRUCTIONS:** Please print clearly and answer every item. Incomplete applications cannot be processed.

☐ New ☐ Returning Start Date: \_\_\_\_\_

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

☐ Male ☐ Female Grade: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ County: \_\_\_\_\_

*(All student information & mailings will be sent to the primary household.)*

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_  
*(List only those having legal custody) relationship(s) to student*

Primary Parent(s)/Guardian(s) Address:

\_\_\_\_\_  
Street Address City, State, Zip Code

\_\_\_\_\_  
Mailing Address *(if different than above)* City, State, Zip Code

Parent/Guardian E-mail address: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Mom/Guardian: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Dad/Guardian: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Student: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Secondary Parent/Guardian: \_\_\_\_\_  
*(if different than Primary) Name Relationship*

\_\_\_\_\_  
Street Address City, State, Zip Code

\_\_\_\_\_  
Mailing Address *(if different than above)* City, State, Zip Code

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency Contacts other than Primary or Secondary Parent(s)/Guardian(s):

\_\_\_\_\_  
Name Relationship Phone

\_\_\_\_\_  
Name Relationship Phone

Resident School District of Enrollment: \_\_\_\_\_

Is student open enrolled? YES ☐ NO ☐ , if yes – Open Enrolled to which district: \_\_\_\_\_

Last School District Attended: \_\_\_\_\_ Dates \_\_\_\_\_

Transportation: Bus ☐ Drive ☐ Other \_\_\_\_\_ Make and Color of Vehicle \_\_\_\_\_

## Ethnic and Racial Demographic Designation Form

Student's First Name: \_\_\_\_\_ Middle Name/Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ District: \_\_\_\_\_ School: \_\_\_\_\_

Schools are required to report ethnicity and race to the state and to the U.S. Department of Education. Because of recent changes to Minnesota state law, Minnesota disaggregates each category into detailed groups to further represent our student populations. Parents or guardians are not required to answer the federal questions (**in bold**) for their children. If you choose not to answer the federal questions (**in bold**), federal law requires schools to choose for you. This is a last resort—we prefer if parents or guardians complete the form. State questions are labeled as “Optional” and schools will not fill in this information for you.

This information helps improve teaching and learning for everyone and helps us accurately identify and advocate for students currently underserved. The information this form collects is considered private information. You can review the privacy notice to learn more about the purpose of collecting this information, how it will be used and not used, and how the detailed groups were identified. The privacy notice can be found in our [Frequently Asked Questions: Ethnic and Racial Designation Form](#).

**Is the student Hispanic/Latino as defined by the federal government?** The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.<sup>1</sup>

**[You must select “yes” or “no” to this question.]**

☐ **Yes** [If yes, go to Question A.]

☐ **No** [If no, go to Question 1.]

Optional Question A: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- |  |                                       |  |  |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Guatemalan   | <input type="checkbox"/> Salvadoran                            | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Colombian           | <input type="checkbox"/> Mexican      | <input type="checkbox"/> Spaniard/Spanish/<br>Spanish-American | <input type="checkbox"/> Unknown               |
| <input type="checkbox"/> Ecuadorian          | <input type="checkbox"/> Puerto Rican |  |  |

Go to Question 1.

**[Select “yes” to at least one of the Questions (1-6) below.]**

**Question 1: Does the student identify as American Indian or Alaska Native as defined by the state of Minnesota?** The state of Minnesota definition includes persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition. [This question is needed to calculate state aid/funding.]

☐ **Yes** [If yes, go to Question 1a.]

☐ **No** [If no, go to Question 2.]

Optional Question 1a: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Cherokee      | <input type="checkbox"/> Other North American Indian Tribal Affiliation |
| <input type="checkbox"/> Anishinaabe/Ojibwe  | <input type="checkbox"/> Dakota/Lakota | <input type="checkbox"/> Unknown  |

Go to Question 2.

<sup>1</sup>Federal Register, Vol. 72, No. 202/Friday, October 19, 2007/Notices/59274

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**Question 2. Is the student American Indian from South or Central America?**

☐ **Yes** [Go to Question 3.]

☐ **No** [Go to Question 3.]

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**Question 3. Is the student Asian as defined by the federal government?** The federal definition includes persons 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.<sup>1</sup>

☐ **Yes** [If yes, go to Question 3a.]

☐ **No** [If no, go to Question 4.]

Optional Question 3a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

☐ Decline to indicate

☐ Chinese

☐ Karen

☐ Other Asian

☐ Asian Indian

☐ Filipino

☐ Korean

☐ Unknown

☐ Burmese

☐ Hmong

☐ Vietnamese

Go to Question 4.

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**Question 4. Is the student black or African American as defined by the federal government?** The federal definition includes persons having origins in any of the black racial groups of Africa.<sup>1</sup>

☐ **Yes** [If yes, go to Question 4a.]

☐ **No** [If no, go to Question 5.]

Optional Question 4a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

☐ Decline to indicate

☐ Ethiopian-Other

☐ Somali

☐ African-American

☐ Liberian

☐ Other black

☐ Ethiopian-Oromo

☐ Nigerian

☐ Unknown

Go to Question 5.

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**Question 5. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government?** The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.<sup>1</sup>

☐ **Yes** [Go to Question 6.]

☐ **No** [Go to Question 6.]

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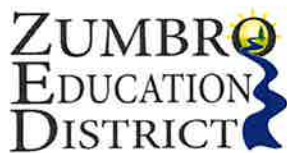
**Question 6. Is the student white as defined by the federal government?** The federal definition includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.<sup>1</sup>

☐ **Yes**

☐ **No**

Parent(s)/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Parent(s)/Guardian Signature \_\_\_\_\_



**Zumbro Education District  
Area Learning Center**  
2002 Mantorville Ave N  
Kasson, MN 55944  
Ph: 507-634-2083  
Website: [www.zumbroed.org](http://www.zumbroed.org)



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**PHOTO/VIDEO/WEBSITE RELEASE FORM**

On occasion, representatives from and/or employees of Zumbro Education District wish to photograph, videotape, and /or interview individuals in connection with school programs, projects, or events. In order to release photographs, video footage, and /or comments, and /or to post on the ZED or school websites, we need written permission.

I give permission for my child, \_\_\_\_\_ to be photographed, videotaped, and/or interviewed by representatives from and/or employees of the Zumbro Education District for the media for educational or public relations purposes.

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

**OR**

I am 18 years of age or older and I give my consent without reservation to the foregoing on my own behalf.

**Signature of subject:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FIELD TRIP PERMISSION**

I give permission for my child, \_\_\_\_\_ to travel with Zumbro Education District staff for field trips within a 60 mile radius of the Area Learning Center throughout the school year.

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

**OR**

I am 18 years of age or older and I give my consent without reservation to the foregoing on my own behalf.

**Signature of subject:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# SCHOOL HEALTH INFORMATION FORM

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender M F  
 Parent Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_ Email \_\_\_\_\_

**HEALTH CONDITIONS** (Check any of the following if they apply to your student)

<input type="checkbox"/> ADD <input type="checkbox"/> ADHD <input type="checkbox"/> Medication at home: _____ <input type="checkbox"/> Medication at school: _____	<input type="checkbox"/> Emotional/Behavior problems Describe: _____ Medication: _____
<input type="checkbox"/> Allergies: List: _____ <input type="checkbox"/> Medication at home: _____ <input type="checkbox"/> Medication at school: _____ Anaphylactic (life threatening) reaction: Yes <input type="checkbox"/> No <input type="checkbox"/> Epi-Pen: Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Headaches--frequent/severe <input type="checkbox"/> Migraines Medication at home: _____ Medication at school: _____
<input type="checkbox"/> Asthma Causes: Exercise <input type="checkbox"/> Allergies <input type="checkbox"/> Colds <input type="checkbox"/> <input type="checkbox"/> Other _____ <input type="checkbox"/> My child has used asthma medications in the last 2 years <input type="checkbox"/> Medication at home: _____ <input type="checkbox"/> Medication at school: _____ Last Episode: _____ Last hospitalization for Asthma: _____	<input type="checkbox"/> Seizures/Convulsions Type: _____ Last known: _____
<input type="checkbox"/> Bone or joint conditions	<input type="checkbox"/> Learning problems
<input type="checkbox"/> Dental/Orthodontic problems	<input type="checkbox"/> Lung/Breathing problems
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Pain/Discomfort--frequent/severe
<input type="checkbox"/> Ear/Hearing problems	<input type="checkbox"/> Permanent or long-term disability
<input type="checkbox"/> Eye/Vision problems	<input type="checkbox"/> Serious Injury
<input type="checkbox"/> Food restrictions/Special Diet: _____	<input type="checkbox"/> Skin Conditions
<input type="checkbox"/> Heart/Cardiovascular conditions	<input type="checkbox"/> Stomach/Intestinal/Abdominal conditions
<input type="checkbox"/> Infections--frequent/severe	<input type="checkbox"/> Weight concerns/Eating Disorders
<input type="checkbox"/> Kidney/Bladder conditions	<input type="checkbox"/> Other

For any conditions checked above, please specify the current status, treatment, medication, care, and history.

**Does child wear glasses/contacts?** ☐ Yes ☐ No

**Are they to be worn at school?** ☐ Yes ☐ No

Date of last professional eye exam: \_\_\_\_/\_\_\_\_/\_\_\_\_

Results: \_\_\_\_\_

**Does child have any activity restrictions?** ☐ Yes ☐ No

**Is child taking any medication not listed above?** ☐ Yes ☐ No @ ☐ Home ☐ School Specify: \_\_\_\_\_

Do you want to schedule a conference with the School Public Health Nurse to discuss any particular health concerns? ☐ Yes ☐ No

Indicate your concern: ☐ Medications ☐ Emergency Plan ☐ Other: \_\_\_\_\_

Additional information you care to share: \_\_\_\_\_

The school intends to use the requested information to provide for your child's health and safety needs while at school. You may refuse to supply the requested personal information. There will be no consequence for not providing the information. It may result in an incomplete health and safety plan for your child. The information you provide will be shared only with staff in the school whose jobs require access to this information to ensure your child's safety and school success.

## FOR HEALTH OFFICE USE:

Reviewed by: \_\_\_\_\_

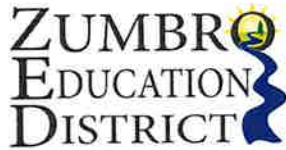
Date reviewed: \_\_\_\_\_

Charted by: \_\_\_\_\_

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

Signature of Parent/Guardian

Date



**CONSENT  
TO RELEASE  
PRIVATE DATA**

**Area Learning Center**  
2002 Mantorville Ave. N, Kasson, MN 55944  
Phone: 507-634-2083  
Fax 507-634-2040

**Student's Full Legal Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Parent Name(s):** \_\_\_\_\_

**Primary Parent Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**I authorize Zumbro Education District # 6012, Byron MN: (Check either or both boxes, as needed)**

☐ **To Release Information To**

☐ **To Obtain Information From:**

**Name/ Title/Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Information to be shared:**

☐ Health Records

☐ Psychological / Psychiatric Records and/or Reports

☐ County Social Work / Law Enforcement Report

☐ Medical Reports (including related services)

☐ Chemical Abuse / Dependency Report

☐ Counselor, Teacher, Staff Observations

☐ Official School Records (Name, Address, Birth date, Sex, Attendance Record, Grade Level, Grades, Class Rank, Standardized Test Results, Behavior Report)

☐ Other (Specify) \_\_\_\_\_

**The purpose for the request** \_\_\_\_\_

I understand that this authorization takes effect the day that I sign it. It expires on (date) \_\_\_\_\_ or no more than one year from the date of my signature. I also understand that I may change this authorization at any time.

I also understand that I may revoke this authorization at any time by providing a signed, written notice of revocation to the ZED School District. A photocopy or facsimile of this authorization has the same legal effect as the original.

In the case of protected health or medical information, I hereby authorize the healthcare provider to discuss, disclose, and otherwise release any and all medical records, medical data, and health data identified above to the ZED School District and its staff and representatives pursuant to the Health Insurance Portability and Accountability Act ("HIPAA") privacy regulations, 45 C.F.R. 164.508. I understand that the healthcare provider may not condition treatment, payment, enrollment or eligibility on whether I execute this authorization. Health and medical information that is disclosed pursuant to this authorization may be subject to re-disclosure and may no longer be protected by the privacy regulations promulgated pursuant to HIPAA. Records that are received by the School District may be protected from re-disclosure under the Family Education Rights Privacy Act and the Minnesota Government Data Practice Act.

\_\_\_\_\_  
**Parent / Guardian Signature, or Student if age 18 or older**

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

## District Instructions

You may use this survey to facilitate data collection from students and their families. Districts are encouraged to consider how best to collect this information from every student (especially those lacking access to the Internet) which may include a combination of using the parent portal, digital survey, paper survey or interview.

***To ensure consistent data collection, the survey questions should be used as written and not edited or changed.***

Because circumstances around digital equity can evolve, districts should collect this information from students at least once a year. Districts should use the provided crosswalk in the Digital Equity handbook to facilitate entry of data into the student information system.

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## Survey Information

*Thank you for participating in the Student Digital Equity Survey.* This survey collects information on student access to the Internet and electronic devices used for schoolwork in the student's home. [DISTRICT OR SCHOOL NAME] may use this information to identify students that could benefit from additional supports to make sure they can access learning opportunities outside the classroom or school building. It is important that we gather accurate information from every student so that each student and family has the equipment, help and support needed.

The information you provide in this survey will be reported to the Minnesota Department of Education (MDE). MDE may provide state- or school-level summary data—without personal, identifying information—to the Governor, legislators, agency staff and external partners who have established data sharing agreements and protocols. [DISTRICT OR SCHOOL NAME] will not share your personal, identifying information provided in this survey with others without your consent.

## Instructions

Please fill in the following information based on how you use electronic devices to complete

schoolwork at your home. This survey uses the primary address you provide as your “home.” **You should answer the questions below based only on the conditions at this address.** There is an opportunity at the end of the survey to say more about additional places you live and do homework.

### ***Student Information***

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

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

Student Primary Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### ***Digital Device Access***

- ***Does the student use an electronic device like a computer, tablet or smart phone to complete homework?***

***No*** (skip to question 2)

***Yes*** (continue to 1a)

- ***If yes, what type of electronic device does the student usually use to complete homework?***

(select ONLY one)

- Desktop or Laptop
  - Tablet
  - Chromebook
  - Smart phone
  - Other
- ***Is the electronic device (from 1a) provided by the school?***



- Yes
- No
- ***Is the electronic device shared with anyone else in the home?***
  - Yes
  - No
  -

### ***Internet Access***

- ***Can the student access the Internet on their electronic device at home?***
  - No – Internet is **not** available at home (skip to end of survey)
  - No – Internet is **not** affordable at home (skip to end of survey)
  - No – Other (skip to end of survey)
  - Yes (continue to 2a)
  - ***If yes, what kind of Internet service do you have at home?***
    - Residential broadband (e.g. Cable, Fiber, DSL)
    - Cellular network
    - School-provided hotspot
    - Satellite
    - Dial-up
    - Other
    - I am not sure.
- ***Can the student stream a video on their electronic device without pauses?***
  - Yes – with **no** pauses or buffering
  - Yes – with **some** pauses or buffering

- No – streaming doesn't work

### **Instructions to District**

You may include additional questions that would become part of your local data. These are not included in the digital equity Ed-Fi data elements and are not reported to MDE but may be useful to your local digital inclusion efforts. Examples: Include the results from [MN Broadband Speedtest](#) if known: \_\_\_\_\_ Mbps Upload, \_\_\_\_\_ Mbps Download; What else would you like us to know about Internet or device access at this or another place?



## 2022-23 Application for Educational Benefits

Complete one application per household for all children. Please use pen (not a pencil). Mail or return completed form to: (School/District Information) \_\_\_\_\_

**STEP 1:** List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper).

**Definition:** A Household Member is "Anyone living with you and shares income and expenses, even if not related." Children in Foster care are eligible for free meals. Read *How to Complete the Application for Educational Benefits* for more information. Adults over grade 12 living in the same household should be reported in Step 3. If your children attend different districts or charter/nonpublic schools, return an application at each one.

Child's First Name (list all children in household)	MI	Child's Last Name	School	Grade	Birthdate	Foster Child (v)
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

**STEP 2:** Do Any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, MFIP or FDPIR? Medical assistance **does not** qualify. If **NO** > Go to STEP 3.

If **YES** > Enter SNAP, MFIP or FDPIR Case Number (between 4-9 digits, do not report EBT card number) \_\_\_\_\_ then go to STEP 4 (Do not complete STEP 3)

**STEP 3:** Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

- A. Last Four Digits of Social Security Number (SSN) of Adult Household Member:** XXX-XX-\_\_\_\_ Or Check if Adult has No SSN: ☐ **Total Number of All Household Members (Children + Adults)** ☐
- B. Child Income.**

Sometimes children in the household earn or receive income, such as from a part time job or SSI. Please include the TOTAL income received by all children listed in STEP 1. Do not include income received by adults in the box to the right.

Total Income Received by All Children	Weekly	Bi-weekly	2x Month	Monthly
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- C. All Adult Household Members (including yourself).** For each Household Member listed, if they do receive income, report total gross income only. If they do not receive income from any source, write '0' or leave any fields blank. You are certifying (promising) that there is no income to report. Not sure what income to include here? Flip the page and review "Sources of Income" for information. "Sources of Income" will help you with the Child Income section and All Adult Household Members section.

Names of All Adult Household Members (First and Last)	Gross Earnings from Working at Jobs			Are you Self-Employed or a Farmer?		Any Other Gross Income				
	Weekly	Bi-weekly	2x Month	Monthly	Report income before deductions or taxes in whole dollars (no cents).	Net Income from Farm or Self-Employment. Do not duplicate elsewhere.	Yearly	Monthly	Weekly	Bi-weekly
List all Household members not listed in STEP 1 (including yourself) even if they do not receive income. Include children who are temporarily away at school or in college.	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

**STEP 4: Contact information and adult signature.** "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."

☐ I have checked this box if I do not want my information shared with Minnesota Health Care Program as allowed by state law.

Printed name of adult signing form \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address (if available) \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**SIGN HERE: Signature of Household Adult** \_\_\_\_\_ Date \_\_\_\_\_

<b>Do Not Fill Out: For School Office Use</b> Conversions to Annualize All Income:					X1	X12	X24	X26	X52	<b>Household Size:</b>		<b>Category Eligibility</b>		<b>Free After Verified</b>		<b>Reduced After Verified</b>		<b>Denied After Verified</b>									
<b>All Total Income</b> (Include child and adult income)					Annualize	Monthly	2X Month	Bi-weekly	Weekly	Household Size:		Category Eligibility		Free After Verified		Reduced After Verified		Denied After Verified									
\$					<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"/>									
<b>Determining Official Signature:</b>										<b>Date:</b>																	
<b>Confirming Official Signature:</b>										<b>Date:</b>																	

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. Respond to both Step One, *Ethnicity* and Step Two, *Race*.

Step One: Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Step Two: Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

INSTRUCTIONS: Sources of Income

Sources of Income for Children		Sources of Income for Adults		
Sources of Child Income	Examples	Earnings from Work	Public Assistance / Alimony / Child Support	All Other Income
<ul style="list-style-type: none"><li>Earnings from work</li><li>Social Security<ul style="list-style-type: none"><li>Disability Payments</li><li>Survivor's Benefits</li></ul></li><li>Income from person outside the household</li><li>Income from any other source</li></ul>	<ul style="list-style-type: none"><li>A child has a regular full or part-time job where they earn a salary or wages</li><li>A child is blind or disabled and receives Social Security</li><li>A Parent is disabled, retired, or deceased, and their child receives Social Security benefits</li><li>A friend or extended family member regularly gives a child spending money</li><li>A child receives regular income from a private pension fund, annuity, or trust</li></ul>	<ul style="list-style-type: none"><li>Salary, wages, cash bonuses (before deductions or taxes)</li><li>Net income from self-employment (farm or business)</li><li>If you are in the U.S. Military:<ul style="list-style-type: none"><li>Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</li><li>Allowances for off-base housing, food and clothing</li></ul></li></ul>	<ul style="list-style-type: none"><li>Cash Assistance from State or local government</li><li>Supplemental Security Income</li><li>Unemployment benefits</li><li>Worker's compensation</li><li>Alimony payments</li><li>Child support payments</li><li>Veteran's benefits</li><li>Strike benefits</li></ul>	<ul style="list-style-type: none"><li>Social Security</li><li>Disability benefits</li><li>Regular income from trusts or estates</li><li>Annuities</li><li>Investment income</li><li>Rental income</li><li>Regular cash payments from outside household</li></ul>

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.

At public school districts, each student's school meal status also is recorded on a statewide computer system used to report student data to MDE as required by state law. MDE uses this information to: (1) Administer state and federal programs, (2) Calculate compensatory revenue for public schools, and (3) Judge the quality of the state's educational program.

**Nondiscrimination statement:** 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, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

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