



Multicultural Academy

Enrollment Packet



Congratulations in choosing Multicultural Academy

OFFICE HOURS

Monday- Friday
8:00am – 4:00pm

Required Documentation

- ❖ Copy of **Birth Certificate**
- ❖ Copy of **Immunization Records**
- ❖ Copy of **Last Report Card**
- ❖ Completed **Enrollment Application**
- ❖ Copy of **Drivers License**



***TUITION-FREE PUBLIC SCHOOL* KINDERGARTEN THROUGH 8th GRADE**

5550 Platt Road, Ann Arbor, MI. 48108 Ph: 734-677-0732 Fax: 734-677-0740



**MULTICULTURAL
ACADEMY**

STUDENT APPLICATION

STUDENT INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Gender: _____

Grade Entering: _____

Last School & District Attended: _____

Race or Ethnicity: (check one) White Black/African Am. Hispanic/Latino Asian

PARENT/GUARDIAN INFORMATION

Relationship to Student: Mother/Guardian _____ Relationship to Student: Father/Guardian _____

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ Zip Code: _____ City: _____ Zip Code: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Email Address: _____ Email Address: _____

With whom does child reside?

Is there any Child Custody Decree? YES or NO. If so, please provide copy of decree to the office.

SIBLING INFORMATION (Only list sibling that will be attending Multicultural Academy's K-8)

Sibling Name: _____ Grade: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____



**MULTICULTURAL
ACADEMY**

STUDENT APPLICATION

Special Education Questionnaire

Does your child have any health conditions that should be brought to the school's attention? (check one and provide the school with a doctor's documentation).

Yes No

If yes, please explain in the space provided.

Does your child currently, or has she/he previously received Special Education Services? (check one)

Yes No

If yes, please answer the following questions.

Does your child have a current IEP? Yes No (If your answer is Yes, please provide us with a copy of the latest IEP). What service is your child currently receiving?

I, the undersigned, declare that I and the student, for whom this application is submitted, physically reside in the STATE OF MICHIGAN. Furthermore, I understand that only residents of the State of Michigan may attend this Academy, which is a Michigan Public School Academy. If statements made on this application are false, the enrollment of my child will be terminated immediately.

This Academy is a Michigan Public School Academy and does not discriminate on the basis of intellectual or athletic abilities, "measures of achievement or aptitude", handicapped status, religion, creed, race, sex, color or national origin.

Parent/Guardian Signature

Today's Date

Please Print Name



**MULTICULTURAL
ACADEMY**

STUDENT APPLICATION

Student Records Release Form

Date: _____

Student's Name: _____

Date of Birth: _____ Grade Enrolling: _____

LAST SCHOOL ATTENDED:

Name: _____

Phone: _____ Fax: _____

Grade completed at last school: _____

Please release all the cumulative files:

CA60, Health Records, Social Worker Records, Special Education Records, Psychological Records, and ELL Records (if applicable)

FORWARD RECORDS TO?

**Multicultural Academy
5550 Platt Road
Ann Arbor, MI. 48108**

Prior to mailing the records, please fax over the following documentation:

- Copy of Latest Report Card
- Copy of IEP
- Discipline Records
- Attendance Records

SCHOOL TRANSFER WEAPONS FREE SCHOOL ZONE STATEMENT: The above mentioned student has enrolled in Multicultural Academy. In order to comply with public Act. 328 please verify that he/she has not been expelled from school for a weapons violation subsequent to January 1, 1995. If the above has been suspended or expelled due to weapons violation, please attach an explanation as to the current status of the student.

School Official

School Name

Date

Parent/Guardian Authorized Signature

Date



**MULTICULTURAL
ACADEMY**

STUDENT APPLICATION

Affirmation of Prior Discipline Records

The undersigned affirms that his or her child: _____

1) HAS NOT BEEN SUSPENDED OR EXPELLED

2) HAS BEEN SUSPENDED OR EXPELLED

From a public or private school in the state of Michigan, or any other state, for one or more offenses involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or any act of violence against person and/or property committed on school premises, at any school-sponsored activity, or on a public or private conveyance providing transportation to or from a school-sponsored activity.

If you choose #2, please explain the circumstances in detail. Include the school's name, date of suspension or expulsion and a description of the incident giving reason for the suspension and/or expulsion.

Parent/Guardian Signature

Date

FOR ADMINISTRATIVE USE ONLY:

Date copy sent for verification: _____

Sending School - Please check one:

- According to our records, we can verify that the information provided above by the parent/guardian is correct.
- According to our records, the information provided above by the parent/guardian is NOT correct.



**MULTICULTURAL
ACADEMY**

STUDENT APPLICATION

Home Language Survey

Multicultural Academy is collecting information regarding the language background of each of its students. This information will be used by the district to determine the number of children who should be provided bilingual instruction according to Sections 380.1152 - 380.1157 of the School Code of 1995, Michigan's Bilingual Education Law. Would you please help by providing the following information?

Thank you very much for your cooperation

Student's Name: _____ Grade: _____ D.O.B.: _____

Parent/Guardian: _____ Phone Number: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Is your child's native tongue a language other than English? (Circle One) YES NO

If yes, then what language is spoken most often by your child? _____

Is the primary language used in your child's home or environment a language other than English (Circle One) Yes No

Was your child receiving help with English in their previous school? (Circle One) YES NO

Comments: _____

Parent/Guardian Signature

"Primary Language" means the dominate language used by a person for communication.

***Translation of this survey form in Spanish, Arabic, French, Italian and Ojibwa is available at the Office of Field Services at 517-373-6066**

FOR ADMINISTRATIVE USE ONLY:

Date copy given to LEP Teacher _____

Official's Signature _____



**MULTICULTURAL
ACADEMY**

STUDENT APPLICATION

Photo Release Statement

Permission to Use Photograph

Student Name: _____

I, as a parent or guardian, of the above named pupil fully authorize and grant **Multicultural Academy** and its authorized representatives, the right to print, photograph, and edit as desired, the image, and/or likeness, of my child. I agree that **Multicultural Academy** may use such photographs of my child, with or without their name, and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Parent/Guardian Signature _____

Printed Name _____

Date _____



**MULTICULTURAL
ACADEMY**

STUDENT APPLICATION

Pesticide Application Notification

Dear Parent/Guardian:

As part of the Academy's pest management program, pesticides are occasionally applied. You have the right to be informed prior to any pesticide application made to the school ground and/or building(s). In certain emergencies, pesticides may be applied without prior notice. You will be given a notice following any such emergency application. If you need prior notification, please complete the information below and submit it to:

Office Manager
5550 Platt Rd.
Ann Arbor, MI 48108

You may also contact the school office at 734-677-0732 if you have any questions regarding this letter.

PESTICIDES PRIOR NOTIFICATION REQUEST

Parent/Guardian Name: _____

Student's Name: _____

Street Address: _____

City: _____

Telephone Numbers: _____

Please Check One:

_____ I wish to be notified prior to scheduled pesticide treatment inside the building.

_____ I wish to be notified prior to a scheduled pesticide treatment outside the building.

_____ Both of the above.

Parent/Guardian Signature: _____

Date: _____



**MULTICULTURAL
ACADEMY**

STUDENT APPLICATION

Medication Administration Permission Form

Student Name: _____

Date form received by MA: _____

Grade: _____ Birthdate: _____

TO BE COMPLETED BY THE PARENT/GUARDIAN AND/OR PHYSICIAN:

Name of medication: _____

Reason for medication (optional): _____

Medicine Type (Circle One): Tablet / Liquid / Inhaler / Injection / Nebulizer / Other: _____

Instructions (schedule & dosage to be given at school): _____

Start Date: _____ Stop Date: _____ As Needed (per phone verification): _____

Restrictions / Side Effects: _____

Storage Requirements: _____

Physician Name: _____ Phone Number: _____

TO BE COMPLETED BY PARENT/GUARDIAN

I request that my child, _____ receive the above medication at school according to the standard school policy.

I certify that my child, _____ is both capable and responsible, and I am requesting that he/she be allowed to self-administer the above medication at school according to the standard school policy.

Signature: _____ Telephone: _____

Relationship (**MUST** be parent/guardian or doctor): _____

Date: _____



**MULTICULTURAL
ACADEMY**

STUDENT APPLICATION

Residency Questionnaire

Name of Student: _____
Last First Middle

Gender: Male Female

Date of Birth: _____ / _____ / _____ Grade: _____ ID#: _____
Month Day Year (preschool-8) (optional)

Address: _____ Phone: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one box.)

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Foster care placement for 6 months or less
- In permanent housing
- Other temporary living situation (Please describe): _____

Print name of Parent, Guardian, or
Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or
Student (for unaccompanied homeless youth)

Date

NOTE TO SCHOOLS/LEAS: If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.



**MULTICULTURAL
ACADEMY**

STUDENT APPLICATION

Transportation Request Form

STUDENT INFORMATION:

CHILD'S NAME: _____ GRADE: _____

Address: _____ City: _____ Zip: _____

School Year _____	Mother's Name	Father's Name	*Alternative Pick Up Person's Name	*Alternative Pick Up Person's Name
Home Number				
Work Number				
Cell Number				
Other Number				

This form must be completed for each child/ren that rides the bus to and/or from Multicultural Academy Hubs. If your child/ren is not being picked up or dropped off at the same Hub every day, you must fill out a separate form for each Hub.

I understand that it is my responsibility to inform the school of any change in address or phone number for the above listed child/ren and/or contacts.

SPECIAL INSTRUCTIONS: If you have special instructions regarding your student (medical concerns, etc.) that the driver should be aware of, please list them below.

My student may walk home from the bus stop. My student may wait at the bus stop for parent arrival if not there.

Circle the days your child/ren will ride the bus

TO SCHOOL: M T W TH F

FROM SCHOOL: M T W TH F

Requested Start Date: _____

A signed copy of the Multicultural Academy Bus Rules must be received by the Academy in order for this transportation request to become effective. For your convenience, a copy of the bus rules may be obtained by contacting the Academy office.

Please list siblings names, school and grades who may also be riding a **Multicultural Academy bus**: (list additional names on back)

Name	School Attends	Grade

I understand that Multicultural Academy's code of conduct as well as additional bus conduct rules will apply. If for any reason pickup from the hub location would be delayed, I will notify the school with as much advance notice as possible and provide my own transportation to school for my child/ren. If I am unable to pick up my child/ren or make pick up arrangements for my child/ren upon delivery to the bus Hub after school hours, it is understood that my child/ren may be returned to his/her school and I will be responsible to pick up my child/ren at an alternative location. It is understood that the bus will not be able to remain at the drop off Hub location until I can arrive.

Parent Signature _____ Date _____



**MULTICULTURAL
ACADEMY**

STUDENT APPLICATION

Avoid horseplay while waiting
Stay out of the danger zone: stand at least 10 feet away from the edge of the road
Wait until the bus stops, the door opens and the driver says it's okay to board the bus
Use sidewalks when walking to your designated bus hub
Don't talk to strangers

Getting on and off the Bus

Walk at all times, never run to or from the bus
Keep the aisle clear: watch clothing or backpacks with dangling drawstrings or straps
Never try to retrieve an item dropped near the bus - get out of the danger zone immediately
Be sure the bus driver can see you and you can see the driver
Walk in front of the bus, never behind the bus
Look both ways before crossing the street
Wait for the driver's signal before crossing
Always cross at least 10 feet in front of the bus
Stand back from the curb

Riding on the Bus

Obey the bus driver
Be courteous at all times. Foul language is prohibited.
Stay in your seat and face forward: never stand on a moving bus
Keep noise level down and do not distract the driver (no yelling or shouting)
Do not throw anything on the bus or out the window
Keep hands and feet to yourselves
Don't push, shove and hit
Keep hands, head and other items inside the bus windows
No food or drinks are allowed on the bus
No weapons of any kind will be allowed on the bus

THERE WILL BE ZERO TOLERANCE ON THE BUS, ANY INFRACTIONS WILL BE REPORTED AND DISCIPLINARY ACTION WILL BE TAKEN

I have read and understand the Multicultural Academy Bus Rules and agree to abide by them.

Print Student Name: _____ **Date:** _____

Student Signature: _____

I have read and reviewed the Multicultural Academy Bus Rules with my child and agree to support the Academy in enforcing these rules.

Print Parent Name: _____ **Parent Signature:** _____



**MULTICULTURAL
ACADEMY**

STUDENT APPLICATION

Student Internet/Computer Acceptable Use Policy

Internet services are available to all students for the purpose of instruction, curriculum support, and communication. E-mail, network, and Internet access is to be used ONLY for these purposes.

Students are expected to conduct themselves ethically and be mindful of all applicable laws and regulations. They should be familiar with procedures for accessing email and/or the Internet and have participated in training provided by the school. School policy states that **ALL students must have a signed Acceptable Use Policy form on file before they are allowed to use the Internet independently.**

The Following are unacceptable uses of e-mail/Internet by students who access the network through school accounts using school-owned equipment and may result in the revocation of Internet privileges or, depending on the nature of the offense, detention or suspension.

Unacceptable includes but is not limited to:

- ❖ Sending or displaying offensive messages or pictures
- ❖ Using obscene, harassing, or insulting language
- ❖ Violating copyright laws or fair-use practices
- ❖ Trespassing in others' folders, documents, or files
- ❖ Using the network for commercial or political purposes
- ❖ Using the network to access inappropriate materials
- ❖ Intentionally damaging computers, systems, or networks
- ❖ Using other's passwords
- ❖ Indiscriminate personal use – purchases, emailing, or IM-ing
- ❖ Downloading software without permission of school administration
- ❖ Other behaviors in violation of MA policy or laws

Communication over networks is not considered private. Network supervision and security maintenance may require monitoring of directories, messages, or Internet activity. Multicultural Academy reserves the right to access stored records in cases where there is a reasonable cause to expect wrong doing or misuse of the system.

Student Internet/Computer Acceptable Use Policy – SIGNATURE MANDATORY

Student Name: _____ Grade: _____

I have read the Student Internet Acceptable Use Policy. I agree to fully obey the rules contained in the policy with an understanding that consequences could entail revocation of Internet privileges, detention, or suspension.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____



**MULTICULTURAL
ACADEMY**

STUDENT APPLICATION

School Meals Application

Dear Parent/Guardian:

Children need healthy meals to learn. Multicultural Academy offers healthy meals every school day. Students may buy lunch for \$_____ and breakfast for \$_____. Your children may qualify for free meals or for reduced price meals. We sell reduced price lunches for \$_____ and breakfasts for \$_____. If a doctor has determined that your child has a disability, and the disability would prevent the child from eating the regular school meal, the school will make *any substitution prescribed by a licensed physician* at no extra charge. The physician's statement, including prescribed diet and/or substitution, must be submitted to the food service department at your school. For further information, please call Jacqueline Smith @ 734-677-0732.

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?

No. Complete one Free and Reduced Price School Meals Family Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Jacqueline Smith or front office staff.

2. WHO CAN GET FREE MEALS?

Children in households getting Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) can get free meals regardless of your income. Also, your children can get free meals if your household income is within the free limits on the Federal Income Guidelines.

3. CAN FOSTER CHILDREN GET FREE MEALS?

Yes, foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. They may also be included as household members on family applications if other family members wish to apply for free or reduced price meals.

4. CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS?

Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call Tami Phelps 313-388-8378, your Homeless Liaison or Migrant Coordinator, to see if your child(ren) qualify.

5. WHO CAN GET REDUCED PRICE MEALS?

Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Guidelines, included in this application packet.

6. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS?

Please read the letter you received carefully and follow any instructions provided. Call the school at 734-677-0732 if you have questions.

7. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE?

Yes. Your child's application is only good for that school year and for the first few days of this school year. You *must* send in a new application unless the school told you that your child is eligible for the new school year.

8. I GET WOMEN, INFANTS, & CHILDREN (WIC). CAN MY CHILD(REN) GET FREE MEALS?

Children in households participating in WIC may be eligible for free or reduced price meals. An application must be filled out by WIC households.

9. WILL THE INFORMATION I GIVE BE VERIFIED?

Yes, we may ask you to send written proof of any information provided on the application.



**MULTICULTURAL
ACADEMY**

STUDENT APPLICATION

School Meals Application

10. IF I DON'T QUALIFY NOW, MAY I APPLY LATER?

Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting FAP, FIP, FDPIR, or other benefits. If you lose your job, your child(ren) may be able to get free or reduced price meals.

11. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?

You should talk to school officials. You also may ask for a hearing by calling or writing to: Tami Phelps, Educational Reporting Solutions, P.O. Box 1738 Southgate, MI. 48195.

12. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?

Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.

13. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?

You **must** include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of the expenses), do not include them.

14. WHAT IF MY INCOME IS NOT ALWAYS THE SAME?

List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

15. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?

If you get an off-base housing allowance, it must be included as income. **However**, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.

16. WHAT IF MY CHILD(REN) DO NOT HAVE HEALTH INSURANCE?

Your child(ren) may qualify for low cost or free health insurance through MIChild and Healthy Kids Program. To apply online, go to www.michigan.gov/michild or call 1-888-988-6300 for help or to request a paper application.

17. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HIS/HER COMBAT PAY COUNTED AS INCOME?

No, if the combat pay is received in addition to his/her basic pay because of his/her deployment and it wasn't received before he/she was deployed, combat pay is not counted as income. Contact your school for more information.

18. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?

To find out how to apply for Food Assistance Program (FAP) or other assistance benefits, contact your local assistance office or call 1-800-481-4989.

If you have other questions or need help, please call 313-388-8378 and ask for Tami or 734-677-0732 and ask for Jacqueline.

Sincerely,

Tami Phelps
Multicultural Academy
Educational Reporting Solutions
313-388-8378



**MULTICULTURAL
ACADEMY**

STUDENT APPLICATION

School Meals Application

Total Family Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$21,257	\$1,772	\$886	\$818	\$409
2	\$28,694	\$2,392	\$1,196	\$1,104	\$552
3	\$36,131	\$3,011	\$1,506	\$1,390	\$695
4	\$43,568	\$3,631	\$1,816	\$1,676	\$838
5	\$51,005	\$4,251	\$2,126	\$1,962	\$981
6	\$58,442	\$4,871	\$2,436	\$2,248	\$1,124
7	\$65,879	\$5,490	\$2,745	\$2,534	\$1,267
8	\$73,316	\$6,110	\$3,055	\$2,820	\$1,410
*Each additional household member add:	\$7,437	\$620	\$310	\$287	\$144

APPLICATION INSTRUCTIONS:

Your child(ren) may qualify for free and reduced price school meals if your household income falls within the limits on this chart.

IF YOUR ENTIRE HOUSEHOLD GETS FAP, FIP, OR FDPIR, FOLLOW THESE INSTRUCTIONS:

Part 1: Skip this part.

Part 2: List the name and case number for any household member (including adults) receiving FAP, FIP, or FDPIR.

Part 3: List child(ren)'s name, grade, and building.

Part 4: Skip this part.

Part 5: Sign and date the form. A Social Security Number is not necessary.

Part 6: Answer this question.

IF YOU ARE APPLYING FOR A HOMELESS, MIGRANT, OR RUNAWAY CHILD, check the appropriate category in part 1 and contact your Homeless Liaison or Migrant Coordinator. Fill out application by following instructions for ALL OTHER HOUSEHOLDS.

IF YOU ARE APPLYING FOR ONLY FOSTER CHILD(REN), FOLLOW THESE INSTRUCTIONS:

Part 1: Skip this part.

Part 2: Skip this part.

Part 3: List the foster child(ren)'s name, circle Yes for foster child, and list grade and building.

Part 4: Skip this part.

Part 5: Sign and date the form. A Social Security Number is not necessary.

Part 6: Answer this question.

FOLLOW THESE INSTRUCTIONS FOR ALL OTHER HOUSEHOLDS: (Includes households with WIC, homeless, migrant, runaway, and households with both foster and non-foster children.)

Part 1: Complete if applicable.

Part 2: Skip this part.

Part 3: Follow these instructions to report ALL household members:

Column 1 - Names: List the first and last name of each person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Be sure to include all children. Attach another sheet of paper, if needed.

Column 2 - Circle Yes if Foster Child: Circle Yes if applicable.

Column 3 - Grade: Fill in the grade for each child attending school.



**MULTICULTURAL
ACADEMY**

STUDENT APPLICATION

School Meals Application

Column 4 – Building Name: Fill in the building name for each child attending school.

Part 4: GROSS INCOME:

Use this section to report all income in your household from the previous month:

Next to each person's first and last name, list each type of income received last month. Next to the amount, circle how often the person got it (weekly, every 2 weeks, twice a month, or monthly).

- ❖ All persons must claim some income, or indicate that they receive no income. If a person, including any child listed in part 3, does not have any income, then \$0 must be circled in the column labeled "Circle if NO Income."
- ❖ Earnings from Work; List the gross income each person earned from work. This is not the same as take-home pay. Gross income is the amount earned before taxes and other deductions. Net income should ONLY be reported for self-owned business, farm, or rental income.
- ❖ Welfare, Child Support, and Alimony: List the amount each person received last month.
- ❖ Pensions, Retirement, and Social Security: List the amount each person received last month.
- ❖ All Other Income: All Other Income includes Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Department of Veterans Affairs (VA) benefits, disability benefits, regular contributions from people who do not live in your household, personal income from foster children, and any other income.

Part 5: An adult household member must sign and date the form, list the last four (4) digits of their Social Security Number, or check the box "I do not have a Social Security Number."

Part 6: Answer this question.

Application is on the following page. Please make sure that the application is filled out completely so that we may qualify your children as soon as possible.

Thank you
Tami Phelps
Multicultural Academy
Educational Reporting Solutions
313-388-8378

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1 - If the child you are applying for is homeless, migrant, or a runaway, check the appropriate category and verify with the district/school Homeless Liaison or Migrant Coordinator at _____.

Homeless _____ Migrant _____ Runaway _____

Skip Part 2 and list the Child's Name, Grade, and Building in Part 3.

Part 2 - If any member of your household received Food Assistance Program (FAP), Family Independence Program (FIP), or FDIIR, provide the name and case number for the person who receives benefits.

Name: _____ Case Number: _____

Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers

If a case number is provided, only students need to be listed in Part 3.

Part 3 - Household Names - List below all people living in your household, students and non-students, foster children, related or unrelated. For example, grandparents, other relatives, and/or friends, including yourself and children who live with you, *must* be listed.

Names	Circle Yes if Foster Child	Grade (if applicable)	Building Name (if applicable)	Earnings from Work (before any deductions and taxes)			Welfare, Child Support, Alimony			Pensions, Retirement, Social Security			All Other Income			
				weekly	twice a month	every 2 weeks	weekly	twice a month	every 2 weeks	weekly	twice a month	every 2 weeks	weekly	twice a month	every 2 weeks	
Example: Jane Doe	Yes			\$600	monthly				\$250	monthly						
1	Yes			\$0	monthly											
2	Yes			\$0	monthly											
3	Yes			\$0	monthly											
4	Yes			\$0	monthly											
5	Yes			\$0	monthly											
6	Yes			\$0	monthly											
7	Yes			\$0	monthly											
8	Yes			\$0	monthly											

Part 5 - Signature and Last Four (4) Digits of Adult Social Security Number (Adult household member MUST sign and date.)

If Part 4 is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security Number or check the "I do not have a Social Security Number box". See Privacy Act Statement on the back of this page.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the sponsor will get federal funds based on the information I give. I understand that sponsor officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

Sign Here: X _____ Print Name: _____ Date: _____

Last Four (4) Digits of Adult Social Security Number: XXX-XX-_____ I do not have a Social Security Number

Address _____ City _____ Zip Code _____ County _____

Home/Cell Phone _____ Work Phone _____ Email Address _____

By providing your email address you may be notified via email of your eligibility for free and reduced price school meals.

Part 6 - Child's Racial/Ethnic Identity (optional)

Check One or More Racial Identities:

- American Indian or Alaskan Native
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Asian
- White
- Other

Check One Ethnic Identity:

- Hispanic or Latino
- Neither Hispanic or Latino

Privacy Act Information: Social Security Number

The Richard B. Russell 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 (4) digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child, list a FAP or FIP case number or other FDPIR identifier for your child, or 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.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

"In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

VERIFICATION - FOR SCHOOL USE ONLY

Date Selected for Verification: _____		Date Follow-up/Second Notice: _____		Date of Adverse Notice Sent: _____	
Confirming Officials Signature: _____		Follow-up Official's Signature: _____		_____	
Response Due from Household: _____		Verification Official's Signature: _____		_____	
FAP/FIP/FDPIR/Foster Eligibility: _____ Not confirmed _____ Department of Human Services _____ Notice of Eligibility		Income \$ _____ _____ Weekly _____ Every 2 weeks _____ Twice a month _____ Monthly _____ Annual		Verification Result _____ Free to Reduced _____ Free to Paid _____ Reduced to Free _____ Reduced to Paid _____ No Change	
		Wage Stubs _____ Written Documents _____ Collateral Contact _____ Agency Records _____ Other _____		Reason for Eligibility Change: _____ Income _____ Household Size _____ Refused to Cooperate _____ Other _____	

APPROVAL/DISAPPROVAL - FOR SCHOOL USE ONLY

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12	
Household Size: _____ Total Gross Income: \$ _____ _____ Weekly _____ Every 2 Weeks _____ Twice a Month _____ Monthly _____ Annual	Reason for Denial: _____ Income Too High _____ Incomplete Application _____ Other (specify) _____
Number of Children Free _____ Number of Children Reduced _____ Number of Children Paid _____	_____ _____ _____ _____
Determining Official's Signature: _____ Date: _____ Date Dropped/Withdrawn: _____	