



Bells ISD Registration Checklist

Welcome to Bells Independent School District! In order to register your student, please use this checklist to make the process smoother. If you have any questions, please contact the school counselor.

Enclosed in your packet should be the following forms to complete and return to the school:

*****NEW STUDENTS*** Student Name:** _____

- Registration Form
- Student Residency Questionnaire
- Consent for Release of Confidential Information
- FERPA Parental Notice
- Receipt of Student Handbook, Student Code of Conduct, Acceptable Use Verification
- Student Attendance Requirements Form
- Home Language Survey
- Ethnicity Form
- Migrant Identification Survey
- Health Record
- Free/Reduced Breakfast/Lunch Form
- Title I Compact (Elementary Only)

- Student's Official/Certified Birth Certificate or other item showing proof of identity (we'll copy)
- Student's Social Security Card (if applicable and we'll make a copy)
- Student's Immunization Records (we'll make a copy)
- Proof of Residency – Copy of a recent electric bill, water bill or lease agreement
- Driver's license or government-issued photo identification of the parent/guardian enrolling the child
- Copy of Guardianship Papers (if applicable)

Any, of the following will help speed up the enrollment of your child:

- Withdrawal form from previous school
- Most recent report card from previous school
- Unofficial Transcript
- Official records from previous school

*****RETURNING STUDENTS*** Student Name:** _____

- Registration Form
- Ethnicity Form
- Student Residency Questionnaire
- Consent for Release of Confidential Information
- FERPA Parental Notice
- Receipt of Student Handbook, Student Code of Conduct, Acceptable Use Verification
- Health Record
- Free/Reduced Breakfast/Lunch Form

I understand that falsification of information will result in immediate withdrawal of my student.

Parent/Guardian signature: _____ Date: _____



Bells Independent School District Registration Form

_____	Bells Elementary
_____	Pritchard Junior High
_____	Bells High School

School year _____ Grade _____ SS# _____
 Teacher/Group _____ Enrollment Date _____ Route# _____ Locker# _____
 Student _____ Gender _____ Date of Birth _____
(Last Name) (First Name) (Middle Name)

CHECK STUDENT'S ETHNICITY

1. _____ Native American 2. _____ Asian/Pacific Islander 3. _____ Black 4. _____ Hispanic 5. _____ White/Not Hispanic

STUDENTS SPECIAL PROGRAMS (CIRCLE ANY THAT APPLY)

GIFTED/TALENTED SPEECH SPECIAL EDUCATION ESL READING INTERVENTION

Student's Mailing Address: _____ Phone # _____
(Street/P.O. Box) (City) (State) (Zip Code)

Student's Physical Address: _____ EMAIL: _____
(Street/P.O. Box) (City) (State) (Zip Code)

Father _____ Address _____ Home ph# _____
 Place of Work Cell/
 Employment _____ Phone _____ Pager# _____ EMAIL: _____

Mother _____ Address _____ Home ph# _____
 Place of Work Cell/
 Employment _____ Phone _____ Pager# _____ EMAIL: _____

Name of person with whom student lives, if not with both parents:
 Name: _____ Relationship: _____ Home ph# _____
 Place of Work Cell/
 Employment _____ Phone _____ Pager# _____ EMAIL: _____

Please list siblings residing in the same household 1. _____ age ____ 2. _____ age ____
 3. _____ age ____ 4. _____ age ____ 5. _____ age ____

Please list any persons other than parents authorized to pick up student: _____

Emergency contact if parent cannot be reached:

Name: _____ Ph # _____ Relationship _____

Legal Guardian Signature: _____ Date: _____

Medical Release

I hereby give my permission for _____ to receive emergency medical treatment from the following named doctor and hospital.

Doctor: _____ Phone # _____ Hospital _____

A student who must take prescription or nonprescription medicine during the school day must bring a written request from his/her parent or guardian and the medicine, in its properly labeled original container, to the school office. The nurse/office staff will give the medicine at the proper times or give the student permission to take the medicine as directed. Without written permission, school employees are prohibited from giving any kind of internal medicine to a student orally, or putting it in the eye, ear, or nose.

Legal Guardian Signature _____ Date _____

Please provide any additional information relating to the health /well being of your child: _____

- In transitional housing (*housing that is available for a specific length of time only and is partly or completely paid for by a church, a nonprofit organization, or another organization*) (CODE=S)
- In a hotel or motel (*examples: because of economic hardship, eviction, cannot get deposits for permanent home, flood, fire, hurricane, etc.*) (CODE=HM)
- In a tent, car, van, abandoned building, on the streets, at a campground, in the park, or other unsheltered location (CODE=U)
- None of the above describe my present living situation *Briefly describe your situation:* _____

Factors contributing to the student's current living situation (check all that apply):

- Natural disaster
 - Tornado, storm, flood, etc.
 - Hurricane, name: _____
 - Fire: prairie, forest, grass, lightning strike, etc.
- Family issues such as divorce, domestic violence, kicked out by parents, student left due to family conflict, etc.
- Home issues such as lack of electricity, water, heat, adequate home repair due to lack of funds, overcrowding, mold, etc.
- Military: Parent/guardian deployed, injured or killed in action
- Incarceration of parent/guardian
- Incapacitation of parent or guardian due to health, mental health, drugs/alcohol, or other factors
- Home fire not due to natural causes (*i.e., faulty equipment/appliances/wiring, furnace, stove, fireplace, etc.*)
- Economic hardship:
 - Loss of job resulting in inability to pay rent or mortgage
 - Income from part-time or low paying job does not cover cost of housing in the area
 - Loss of mortgage, including loss of mortgage of landlord if student/student's family is renting
 - Eviction record and/or inability to produce deposits for rent or utilities
- High medical bills that leave little or no money for housing
- Lack of affordable housing in the area
- Minor student unable to afford housing on my own
- None of the above describe the main reasons for my present living situation *Briefly explain the contributing factors:* _____

Please provide the following information for school-age siblings (brothers and/or sisters) of the student:

Name	Grade Level	School	District

Signature of Parent/Legal Guardian/Caregiver/Unaccompanied Student

Date

For School Use Only

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

McKinney-Vento Liaison Signature

Date

**BELLS INDEPENDENT SCHOOL DISTRICT
CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION**

Student: _____ Date of Birth: _____

Entering:	Bells Elementary School (903) 965-7725	A.R. Pritchard Junior High (903) 965-4835	Bells High School (903) 965-7315
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We are asking you to authorize: _____

Name of person/agency RELEASING records

Address City, State Zip

Telephone Number(s)

To release specified records containing confidential information regarding your child to the following school staff person:

[] Cumulative Records and Grade Reports [] Special Education

Bells ISD, Campus Principal
P.O. Box 7
Bells, Texas 75414
(903) 965-7036

Grayson County CoOp
(903) 696-0015

(FOR SPECIAL EDUCATION PURPOSES ONLY)

Records requested (Please check):

_____ Special Education records	_____ Individual Transition Plan
_____ Speech Therapy Records	_____ Others _____
_____ Psychological Evaluation	

PURPOSE OF DISCLOSURE: This information will be used by the ARD committee to help determine eligibility and need for Special Education to enhance the planning of an appropriate educational program.

Please circle YES only if you agree that the statements below are correct. If the statements are not correct, circle NO. If you have any questions or need more information, please call Grayson County CoOp at (903) 696-0015.

YES NO I have been fully informed and do understand the school's request for my consent for release of my child's records as described above. This information will be released upon receipt of my written consent.

YES NO I understand that my consent is voluntary and may be revoked in writing at any time. I understand that I will be notified of each release of educational related information.

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. A full explanation of all procedural safeguards is included with this form.

SIGNATURE of Parent/Guardian/Surrogate Adult Student

Date

SIGNATURE of Interpreter, if used

Date

**Bells Independent School District
Family Educational Rights and Privacy Act (FERPA)
PARENTAL NOTICE**

Certain information about district students is considered directory information and will be released to anyone who follows the procedures for requesting the information unless the parent or guardian objects to the release of the directory information about the student. If you do not want the Bells Independent School District to disclose directory information from your child's education records without your prior written consent you must notify the district by completing the form below within the first 10 days of enrollment. The Bells Independent School District has designated the following as directory information and will be available for disclosure to the public unless the provided form is returned to your child's school:

- A student's name, address, and telephone number
- The names of students participating in officially recognized activities and sports, and activity/sport photographs, and weight and height of members on the athletic teams.
- The student's grade level, enrollment status, and honors and awards received in school.

For limited school-sponsored purposes (student recognition activities, yearbook, or student newspaper, printed programs for extracurricular activities, news releases to local media, district/campus web site, district/campus video, district/campus publications) the Bells Independent School District will utilize designated directory information unless the parent has objected in writing. Objection to the use of directory information for limited school sponsored purpose will result in the student(s) being omitted from all district/school publications and programs for extracurricular activities.

STUDENT DIRECTORY INFORMATION

Student Name (printed) _____

Grade: _____ Homeroom Teacher: _____

ALL STUDENTS:

Release of Directory Information: (Please check one of the two blanks below)

_____ **YES** – Bells ISD has my permission to release directory information to any requestor with the Texas Public Information Act.

_____ **NO** – Bells ISD **does not** have my permission to release directory information to any requestor with the Texas Public Information Act.

**Release of Directory Information for School-Sponsored purposes:
(Please check one of the two blanks below)**

_____ **YES** – for limited school-sponsored purposes (*student recognition activities, yearbook or school newspaper, printed programs for extracurricular activities, news releases to local media, media release photographs of students, district/campus web site, district/campus video, district/campus publication*), Bells ISD has my permission to release directory information.

_____ **NO** – I do not want Bells ISD to release **ANY** of the directory information, even for limited school sponsored purposes. I understand that by not releasing the information **my student will not be included** in the yearbook, programs for extracurricular activities, the student newspaper, or any other such-school publications.

Parent/Guardian name (printed): _____

Parent/Guardian Signature: _____ Date: _____



Bells ISD

HANDBOOK- CODE OF CONDUCT- AUP ACKNOWLEDGMENT FORM

My child and I have received a copy of the Student Handbook (and the Student Code of Conduct) for 2011-2012. I understand that the handbook contains information that my child and I may need during the school year and that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the code. Regarding student records, I understand that the federal Family Educational Rights and Privacy Act (FERPA) and state law require that "directory information" on my child be released by the District to anyone who requests it unless I object in writing to the release of any or all of this information. I also understand that to be in compliance with the No Child Left Behind Act of 2001, the District will release to military recruiters and institutions of higher education, upon request, the name, address, and telephone listing of my child, unless I direct the District not to release this information without prior written consent, as indicated below. This objection must be filed with the principal within ten school days of my child's first day of instruction for this school year.

Directory information includes my child's:

1. Name,
2. Address,
3. Telephone listing,
4. Date and place of birth,
5. Photograph,
6. Participation in officially recognized activities and sports,
7. Weight and height of members of athletic teams,
8. Dates of attendance,
9. Grade level,
10. Enrollment status,
11. Honors and awards received in school,
12. Most recent previous school attended, and
13. E-mail address.

For school use only

14. Name, photograph, grade level, honors and awards received in school for use in the school yearbook.
15. Display of student art work or projects.

In exercising my right to limit release of this information, I have marked through the items of directory information listed that I direct the District not to release without my prior written consent. By signing below, I also acknowledge that I understand that a copy of the Student Handbook, the Student Code of Conduct, and the Internet Acceptable Use Policy is available on line at the Bells ISD web site. By signing this form I accept the conditions stated in the Acceptable Use Policy and agree to hold harmless, and release from liability, the school and school district. If I do not have access to the web site, I can request a paper copy of the Student Code of Conduct, the Student Handbook, and the Internet Acceptable Use Policy.

Print name of student: _____

Signature of student: _____

Signature of parent: _____ Date : _____



Bells ISD Student Attendance Requirements

A school district shall notify a student's parent in writing if the student is absent from school without excuse on 10 or more days (or parts of days) within a six-month period or on a 3 or more days (or parts of days) within a four-week period. In case of excessive unexcused absences:

- The student's parent is subject to prosecution or referral to a juvenile court;
- It is the parent's duty to monitor school attendance and require the student to attend school.
- The district shall also request a conference between school officials and the parent to discuss the absences. (Under Sec 25.093-25.094-25.095 and 25.0951).

Dear Parents/Guardians,

Public schools in Texas are under legislative mandate to deny credit for the year to any child not in attendance a minimum of 90% of the school days in the term. (Code 25.092) Excessive absences will be reviewed to determine if extenuating circumstances exist and to assign alternative methods of making up the time and/or work missed.

Absence Procedures and Requirements

If a student is absent from school, the parent should notify the school office to explain why the student is absent. For a student whose parent has not notified the office a campus representative will make every attempt to phone the parent at home or work to determine the reason for the child's absence. Upon returning to school, the student should bring a note of explanation, regardless of whether the parent has been reached on the day of the absence.

Parent's Note After an Absence

When a student must be absent from school, the student upon returning to school must bring a note, signed by the parent that describes the reason for the absence. A note signed by the student, even with the parent's permission, will not be accepted.

Doctor's Note After an Absence for Illness

Upon returning to school, a student absent for more than two consecutive days because of a personal illness must bring a statement from a doctor or health clinic verifying the illness of condition that caused the student's extended absence from school.

Medical and dental appointments for students during the school day are discouraged. However, when it is necessary for a student to attend one of these appointments for a portion of the school day, the student will be counted present, if the student returns during the school day and presents written verification from the medical/dental office.

Absences such as vacations and trips (except those excused by the principal for unusual circumstances,) babysitting, working, non-school athletic events and programs shall be considered unexcused. In order for a student to make up and receive credit for work assigned during an unexcused absence, the parent must submit one week in advance written notification of the planned absence of principal approval.

Student Name: _____ Grade: _____

Parent Signature: _____ Date: _____

Bells Independent School District

HOME LANGUAGE SURVEY-19TAC Chapter 89, Subchapter BB §89.1215

TO BE COMPLETED BY PARENT OR GUARDIAN (OR STUDENT IF GRADES 9-12): The state of Texas requires that the following information be completed for each student that enrolls for the first time in Texas public schools. This survey shall be kept in each student's permanent record folder.

NAME OF STUDENT _____

ADDRESS _____ **TELEPHONE#** _____

CAMPUS _____

1. What language is spoken in your home most of the time? _____

2. What language does your child (do you) speak most of the time? _____

Signature of Parent/Guardian Date Signature of Student if Grades 9-12 Date

Cuestionario del idioma que se habla en el hogar

DEBE DE COMPLETARSE POR EL PADRE/MADRE/ O REPRESENTANTE LEGAL: (O POR EL ESTUDIANTE SI ESTA EN LOS GRADOS 9-12): El estado de Texas requiere que la siguiente información se complete para cada estudiante que se matricula por primera vez en una escuela pública de Texas. Este cuestionario se archivará en el expediente del estudiante.

NOMBRE DEL ESTUDIANTE _____

DIRECCION _____ **TELEFONO** _____

ESCUELA _____

1. ¿Qué idioma se habla en su hogar la mayoría del tiempo? _____

2. ¿Qué idioma habla su hijo/a (usted) la mayoría del tiempo? _____

Firma del Padre/Madre/ o Representante Legal Fecha

Firma del estudiante si está en los grados 9-12 Fecha

Exhibit 1A

**Texas Education Agency
 Texas Public School Student/Staff Ethnicity and Race Data Questionnaire**

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. *United States Federal Register (71 FR 44866)*

Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)

- Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic/Latino**

Part 2. Race: What is the person's race? (Choose one or more)

- American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- 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.
- Black or African American** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

_____ Student/Staff Name (please print)

_____ (Parent/Guardian)/(Staff) Signature

Date

Student/Staff Identification Number

This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.	
Ethnicity – choose only one: _____ Hispanic / Latino _____ Not Hispanic/Latino	Race – choose one or more: _____ American Indian or Alaska Native _____ Asian _____ Black or African American _____ Native Hawaiian or Other Pacific Islander _____ White
Observer signature:	Campus and Date:



BELLS INDEPENDENT SCHOOL DISTRICT

FAMILY SURVEY (ENGLISH)



Date _____

Dear Parents,

In order to better serve your children, the Bells school district would like to identify students who may qualify to receive additional educational services. **The information provided below will be kept confidential.** Please answer the following questions and return this survey form to your child's school.

1. Have you moved within the last 3 years? Yes _____ No _____

2. If yes, have you done agricultural or fishing related work since your move? (e.g., field work, canneries, lumbering, dairy work, meat processing) Yes _____ No _____



If you answered "yes" to both of the questions above, an education representative may contact you to find out whether your child is eligible for additional educational services. Please provide the following information:

Name of child _____ Age _____ Grade _____

Parent/Guardian Name: _____

Telephone Number: _____

Best Time to Contact You: _____



BELLS INDEPENDENT SCHOOL DISTRICT

FAMILY SURVEY (SPANISH)



Fecha: _____

Estimados padres,

Para mejorar los servicios educativos de sus hijos, el distrito escolar de Bells quisiera identificar estudiantes que puedan calificar para recibir servicios educativos adicionales. **Toda la información proporcionada será mantenida confidencial.** Favor de responder a las siguientes preguntas y devolver esta forma a la escuela de su niño/a.

1. ¿Ha cambiado de residencia usted o alguien en su familia dentro de los últimos tres años?

Sí _____ No _____

2. Si usted contestó "sí" en la pregunta anterior, ¿ha trabajado usted en la agricultura o en la pesca? (por ejemplo, la labor, fábrica de conservas, explotación de bosques, trabajo en la lechería, el proceso de carne)

Sí _____ No _____



Si usted contestó "**Sí**," en las dos preguntas anteriores, un representante del distrito escolar quizás se vaya a comunicar con usted para averiguar si su niño/a califica para servicios educativos adicionales. Favor de completar la siguiente información:

Nombre de su Niño/a: _____ Edad _____ Grado _____

Nombre del Padre/Guardián: _____

Número de teléfono: _____

La mejor hora para localizarlo: _____

STUDENT HEALTH RECORD

2011-2012

Teacher: _____
(Kindergarten through Fifth Only)

Student's Name: _____ Grade: _____ Sex: _____
Last First

Date of Birth: _____ Home Telephone: _____

Student's Address: _____
Street P.O. Box

City: _____ State: _____ Zip: _____

Name of Parents: Father _____ Mother _____

Place of Employment: Father _____ Mother _____

Phone: Home _____ Father's Work _____ Mother's Work _____
Father's Cell _____ Mother's Cell _____

In case of emergency and you cannot be reached at the phone numbers listed above, please list at least two (2) other people the school may contact.

1. Name: _____ Relation: _____ Phone No. _____

2. Name: _____ Relation: _____ Phone No. _____

Family Physician: _____ Phone No. _____

PHYSICAL HISTORY

<u>Significant Medical Conditions</u>	<u>Yes</u>	<u>No</u>	<u>If Yes, Please Explain</u>
Allergies (Medication, food, other)			
Asthma			
Cardiac (Heart Problems)			
Diabetes Mellitus			
Gastrointestinal Disorder			
Hearing Disorder			
Hypertension (High Blood Pressure)			
Neuromuscular Disorder			
Orthopedic Condition (Bone Problems)			
Respiratory Illness			
Seizure Disorder			
Skin Disorder			
Other (Specify)			
<u>Medications (Prescription & Over the Counter)</u>			<i>Please List:</i>

PARENT/GUARDIAN _____ DATE: _____



Bells ISD Child Nutrition Services
110 Scott Road
P.O. Box 7
Bells, Texas 75414

Dear Parent/Guardian:

Children need healthy meals to learn. **Bells ISD** offers healthy meals every school day. Breakfast costs **\$1.25 at Elem. \$1.50 at Jr. & Sr. High School**; lunch costs **\$2.25 at Elem., \$2.50 at Jr. & Sr. High School**. Your children may qualify for free meals or for reduced-price meals. Reduced price is **\$.30** for breakfast and **\$.40** for lunch.

- 1. Do I need to fill out an application for each child?** No. Complete one application to apply for free or reduced-price meals. Use one Free and Reduced-Price School Meals 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: Kathy Robertson, P.O. Box 7, Bells, TX. 75414, 903-965-7725.**
- 2. Who can get free meals?** Children in households receiving Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program) or TANF can get free meals regardless of your income. Your benefit letter from the Texas Health and Human Services Commission (HHSC) is your documentation for free meals. If you have not already received a letter from your school stating that your household is eligible for free meals, you may take your HHSC benefit letter to your child nutrition office to be certified for free meals. If a member of your household is directly certified due to receiving SNAP or TANF benefits, all members of your household are eligible for free meals. If a child in your household is not included on the Letter of Direct Certification, sent to you by the SFA, or if you have questions, call the school at **903-965-7725**.
- 3. Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced-price meals?** In most cases no, however read the letter you got carefully and follow the instructions. Call the school at **903-965-7725**, if you have questions or a member of your household is not listed on the letter. If your household does not receive SNAP or TANF, your children may still be eligible to receive free meals if your household income is less than the amounts listed on the federal Income Eligibility Guidelines. Please complete the application and submit it to your child nutrition office. Head Start students and Even Start children and most foster children may also qualify for free meals.
- 4. Can homeless, runaway and migrant children get free meals?** Yes. If you have not been notified of free status under these categories, please call **Bells High School, Mrs. Stephanie Cornelison, 903-965-7315** 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 Chart.
- 6. I get WIC. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced-price meals. Please fill out an application.
- 7. Will the information I give be checked?** Yes, we may ask you to send written proof.
- 8. 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 SNAP, TANF or other benefits (such as unemployment benefits).
- 9. 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: **Kathy Robertson, Child Nutrition Director, P.O. Box 7, Bells, TX. 75414, 903-965-7725.**
- 10. 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.
- 11. Who should I include as members of my household?** You must include yourself and all people living in your household, related or not (such as children, grandparents, other relatives or friends).
- 12. What if my income is not always the same?** List the amount that you normally receive. 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 pay, include that amount as income. If you do not normally get overtime pay, do not include it as income.
- 13. We are in the military; do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.



Bells ISD Child Nutrition Services
110 Scott Road
P.O. Box 7
Bells, Texas 75414

FEDERAL INCOME CHART			
For School Year 2011-12			
Household size	Yearly	Monthly	Weekly
1	\$20,147	\$1,679	\$388
2	\$27,214	\$2,268	\$524
3	\$34,281	\$2,857	\$660
4	\$41,348	\$3,446	\$796
5	\$48,415	\$4,035	\$932
6	\$55,482	\$4,624	\$1,067
7	\$62,549	\$5,213	\$1,203
8	\$69,616	\$5,802	\$1,339
Each additional person:	\$7,067	\$589	\$136

If you have other questions or need help, call **903-965-7725** *Si necesita ayuda, por favor llame al teléfono: 903-965-7315* *Si vous voudriez d'aide, contactez nous au numero: 903-965-7315*

Sincerely,

Kathy Robertson
Child Nutrition Director

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 Civil Rights, 1400 Independence Ave., SW. Washington D.C. 20250-9410, or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

INSTRUCTIONS FOR HOUSEHOLDS:

Part 1: List each child's name, name of the school and check the box if the child is a foster child, the grade and their Eligibility Group Number for SNAP or TANF (if any). **Optional (Social Security Number, Student I.D. or Date of Birth).** Foster children no longer need to be on a separate application.

Part 2: If a child in your household is homeless, migrant or runaway, check the appropriate box and call the school's administrative offices at the telephone number provided.

Part 3: Follow these instructions to report last month's household income.

Column 1 — Name: List the last, first and middle initial of **each** person living in your household, related or not (such as grandparents, other relatives or friends). You must include yourself and all children. Attach another sheet of paper if needed.

Column 2 — Income and how often it is received: For each person who receives income, write the amount received and how often it is received — weekly (W), every 2 weeks (E), twice a month (T) or monthly (M).

Employment Income: List the **gross income** for each person. It is not the same as take-home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub or your employer can tell you. Next to the amount, write how often you receive it — weekly (W), every 2 weeks (E), twice a month (T) or monthly (M).

Other Income: List the amount each person receives from **all other sources.** Include welfare, child support, alimony, pensions, retirement, Social Security, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household and ANY OTHER INCOME. Report net income for self-owned business, farm or rental income. Next to the amount, write how often the person receives it.

Column 3 — Check if no income: If the person does not have any income, check the box.

Part 4: An adult household member must sign the form and provide the last four digits of his or her Social Security Number or mark the box if he or she doesn't have one. The adult household member signing the form prints their name, home phone number, work phone number and mailing address.

Privacy Act Statement: This explains how we will use the information you give us.

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 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 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.

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.

Bells Independent School District

Local Education Agency

Part 1. Children in School				
Names of all children in school (Last, First, Middle Initial)	School Name Check box if a foster child (legal responsibility of welfare agency or court)	Social Security #, Student I.D. or Date of Birth (OPTIONAL)	Grade	Eligibility Group # for SNAP or TANF (if any)
1.	<input type="checkbox"/>			
2.	<input type="checkbox"/>			
3.	<input type="checkbox"/>			
4.	<input type="checkbox"/>			
5.	<input type="checkbox"/>			
6.	<input type="checkbox"/>			

If you listed an Eligibility Group # for SNAP/TANF, skip to Part 4.

Part 2. Homeless, Migrant or Runaway

If any child you are applying for is homeless, migrant or a runaway, check the appropriate box and call your school's administrative offices at () - Homeless Migrant Runaway

Part 3. Household Members and Gross Income From Last Month (List each person in the household. For each person who receives income, write the amount received and how often it is received.)

1. Name. (List everyone in household, including students listed in Part 1.)	2. Income and how often it is received. How Often = Weekly (W), Every 2 Weeks (E), Twice a Month (T), Monthly (M)								3. Check if NO Income.
	Earnings from work before deductions	How Often	Welfare, child support, alimony	How Often	Pensions, retirement, Social Security	How Often	Other	How Often	
Example: Smith, Jane B.	\$200	W	\$50	E					<input type="checkbox"/>
1.									<input type="checkbox"/>
2.									<input type="checkbox"/>
3.									<input type="checkbox"/>
4.									<input type="checkbox"/>
5.									<input type="checkbox"/>
6.									<input type="checkbox"/>
7.									<input type="checkbox"/>

Part 4. Signature and Social Security Number (Adult must sign.)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list the last 4 digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the "Instructions for Applying" page.)

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

Sign here: _____ Date: _____

Social Security Number: XXX-XX-_____
 I do not have a Social Security Number.

Printed Name: _____ Home Phone: _____ Work Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Do not fill out this part. For school use only.

Multiple income frequencies must be converted to annual amounts and combined to determine household income. Do not convert if only one income frequency is provided by the household. If converting income to annual, round only the final number.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Household Income: _____ Household Size: _____ SNAP/TANF: _____ Date Withdrawn: _____

Meal Eligibility: Free: _____ Reduced: _____ Denied: _____ Reason: _____

Temporary: Free: _____ Time Period: _____ (expires after _____ days)

Reviewing Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Follow-up Official's Signature: _____ Date: _____

Multi-Child Free and Reduced-Price School Meals Application for 2011-2012 – continuation sheet

Part 1. Children in School – continuation sheet				
Names of all children in school (Last, First, Middle Initial)	School Name Check box if a foster child (legal responsibility of welfare agency or court)	Social Security #, Student I.D. or Date of Birth (OPTIONAL)	Grade	Eligibility Group # for SNAP or TANF (if any)
7.	<input type="checkbox"/>			
8.	<input type="checkbox"/>			
9.	<input type="checkbox"/>			
10.	<input type="checkbox"/>			
11.	<input type="checkbox"/>			
12.	<input type="checkbox"/>			
13.	<input type="checkbox"/>			
14.	<input type="checkbox"/>			
15.	<input type="checkbox"/>			

Part 3. Household Members and Gross Income From Last Month (List each person in the household. For each person who receives income, write the amount received and how often it is received.)

1. Name. (List everyone in household, including students listed in Part 1.)	2. Income and how often it is received. How Often = Weekly (W), Every 2 Weeks (E), Twice a Month (T), Monthly (M)								3. Check if NO Income.
	Earnings from work before deductions	How Often	Welfare, child support, alimony	How Often	Pensions, retirement, Social Security	How Often	Other	How Often	
8.									<input type="checkbox"/>
9.									<input type="checkbox"/>
10.									<input type="checkbox"/>
11.									<input type="checkbox"/>
12.									<input type="checkbox"/>
13.									<input type="checkbox"/>
14.									<input type="checkbox"/>
15.									<input type="checkbox"/>
16.									<input type="checkbox"/>
17.									<input type="checkbox"/>
18.									<input type="checkbox"/>

Privacy Act Statement: This explains how we will use the information you give us.

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 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 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.

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