

**School Year 2011/2012**  
**PLEASE FILL OUT ALL FORMS COMPLETELY**

**P A C E** High School  
Progress Achievement Choice Empowerment

1601 California Ave ~ Cincinnati Ohio 45237 ~ (513) 751-7223~ (513) 482-3322 (fax)

Thank you for your interest in P.A.C.E. High School. Please take time to look over our information packet.

Included in this information packet is a checklist of items needed to enroll/re-enroll. It is now a requirement that ALL new and former students of PACE High school complete the **2011-2012** enrollment packet included with this letter.

**New Students** will need to include the following when turning in the enrollment packet:

- Birth Certificate
- Social Security Card
- Withdrawal Form from Previous School Attended
- Proof of Address (Copy of **current** Utility Bill or current lease)
- Current Immunization Record

**Returning Students** will need to include the following when turning in the enrollment packet:  
**Current** Proof of Address

**ALL students** will need a current copy of their **School Transcript** and any **Ohio Graduation Test Scores (if applicable)**. If a transcript cannot be obtained due to owing fees, please bring the latest report card or progress report. This will help us place your child in the correct classes. **Please keep in mind that your child CANNOT graduate until a copy of the Transcript is received.** **\*\* If you have a current case with Hamilton County, School Fee Waivers may be available. Please inquire with your case worker.\*\***

Please Note:

- **New Students** - ALL information **MUST** be turned in **BEFORE** your student can be accepted into the PACE Program.

- **Returning Students** will **NOT** receive a Bus Card until New Enrollment Packet and Current Proof of address is received.

If you would like further information or clarification please feel free to contact our Registrar's office at (513) 751-7223 or visit us at our website located at [www.pacehigh.org](http://www.pacehigh.org)

Again, thank you for your interest in Pace High School and we look forward to serving your educational needs.

PACE High School  
Office of the Registrar

**School Year 2011/2012**  
**PLEASE FILL OUT ALL FORMS COMPLETELY**

## **WHAT YOU WILL NEED TO REGISTER**

*(COPIES ARE ACCEPTED – ALL FORMS MUST BE TURNED IN BEFORE YOU ARE CONSIDERED  
'ENROLLED' IN THE PACE PROGRAM AND BEFORE YOU RECEIVE BUS CARD OR TOKENS!)*

### **NEW STUDENTS:**

**BIRTH CERTIFICATE**

**SOCIAL SECURITY CARD**

**PROOF OF ADDRESS**

*(CURRENT UTILITY BILL, CURRENT LEASE, CERTIFIED STATEMENT OF RESIDENCY)*

**WITHDRAWAL FORM**

*(IF ENROLLED IN AN OHIO SCHOOL WITHIN THE LAST YEAR)*

**CURRENT IMMUNIZATION RECORD**

**TRANSCRIPT/LAST REPORT CARD**

*(FOR PLACEMENT IN CORRECT GRADE LEVEL)*

**OHIO GRADUATION TEST SCORES**

### **RETURNING STUDENTS:**

**2010-2011 ENROLLMENT PACKET**

**CURRENT PROOF OF ADDRESS**

<b>P.A.C.E. HIGH SCHOOL Enrollment Form</b>	<b>Today's Date</b> ____/____/____
---	---------------------------------------

**Student Information**

Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Middle Name \_\_\_\_\_ Grade \_\_\_\_\_  
 Gender  Male  Female

Resident Address \_\_\_\_\_  
 Apartment \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Unlisted? (check one)  No  Yes

Birth date (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_

Ethnic Code (check one)  
 Black  White  Hispanic  
 Multi-Racial  Native American  
 Asian/Pacific Islander

Birthplace (City) \_\_\_\_\_

**(OFFICE USE ONLY)**

**ENROLLMENT DTE:**  
\_\_\_\_/\_\_\_\_/\_\_\_\_

**SOES ID** \_\_\_\_\_

**SSID** \_\_\_\_\_

**Disability Category**  
\_\_\_\_\_

**Homeless Status**  
\_\_\_\_\_

**DRIVER? Y N** \_\_\_\_\_  
**DL Copied? Y N** \_\_\_\_\_  
**Ins. Copied? Y N** \_\_\_\_\_  
**DECAL #** \_\_\_\_\_  
(DECAL CANNOT BE GIVEN UNTIL DL & INSURANCE CARDS ARE COPIED AND ON FILE)

**School District:**  
\_\_\_\_\_

**PACE HIGH SCHOOL INFORMATION:** PACE High School would like to keep you updated. Please enter the following information to be added to our TEXT/Email information listing.

**EMAIL ADDRESS** \_\_\_\_\_ @ \_\_\_\_\_ .COM

**CELL PHONE NUMBER** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **PRIVATE?**  YES  NO

**SPECIAL EDUCATION**

In most recent school, was the student in Special Education  No  Yes

If Yes, Is there a current IEP available?  No  Yes

**PREVIOUS EDUCATION INFORMATION - List at least 2**

School (begin with most recent)	Street Address + City, State	Year	Grade
_____	_____	_____	_____
_____	_____	_____	_____

**P.A.C.E. HIGH SCHOOL**  
**Student Registration Information—Page 2**

**MOTHER**

Last Name \_\_\_\_\_ Deceased \_\_\_\_\_ No \_\_\_ Yes  
First Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Federal Employee \_\_\_\_\_ No \_\_\_ Yes  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Should mailings be sent \_\_\_\_\_ No \_\_\_ Yes  
Phone Number (\_\_\_\_) \_\_\_\_-\_\_\_\_  
Unlisted (check one) \_\_\_\_\_ Yes \_\_\_ No  
Employer \_\_\_\_\_ Student resides with? \_\_\_\_\_ No \_\_\_ Yes  
Work Address \_\_\_\_\_  
Work Phone \_\_\_\_\_ Responsible for student \_\_\_\_\_ No \_\_\_ Yes

**FATHER**

Last Name \_\_\_\_\_ Deceased \_\_\_\_\_ No \_\_\_ Yes  
First Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Federal Employee \_\_\_\_\_ No \_\_\_ Yes  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Should mailings be sent \_\_\_\_\_ No \_\_\_ Yes  
Phone Number (\_\_\_\_) \_\_\_\_-\_\_\_\_  
Unlisted (check one) \_\_\_\_\_ Yes \_\_\_ No  
Employer \_\_\_\_\_ Student resides with? \_\_\_\_\_ No \_\_\_ Yes  
Work Address \_\_\_\_\_  
Work Phone \_\_\_\_\_ Responsible for student \_\_\_\_\_ No \_\_\_ Yes

*If this section is filled out YOU MUST show LEGAL CUSTODY has been granted to someone OTHER than Birth Parent (s). Grandparents MUST HAVE Grandparent Affidavit filled out IF custody has not been granted!*

**GUARDIAN / LEGAL CUSTODIAN**

Last Name \_\_\_\_\_ Deceased \_\_\_\_\_ No \_\_\_ Yes  
First Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Federal Employee \_\_\_\_\_ No \_\_\_ Yes  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Should mailings be sent \_\_\_\_\_ No \_\_\_ Yes  
Phone Number (\_\_\_\_) \_\_\_\_-\_\_\_\_  
Unlisted (check one) \_\_\_\_\_ Yes \_\_\_ No  
Employer \_\_\_\_\_ Student resides with? \_\_\_\_\_ No \_\_\_ Yes  
Work Address \_\_\_\_\_  
Work Phone \_\_\_\_\_ Responsible for student \_\_\_\_\_ No \_\_\_ Yes

**P.A.C.E. HIGH SCHOOL**  
**Student Registration Information—Page 3**

**SIBLINGS (If also attending PACE)**

Last Name \_\_\_\_\_ Grade \_\_\_\_\_

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

Middle Initial \_\_\_\_\_ Gender (ck one) \_\_\_\_\_ Male \_\_\_\_\_ Female

Last Name \_\_\_\_\_ Grade \_\_\_\_\_

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

Middle Initial \_\_\_\_\_ Gender (ck one) \_\_\_\_\_ Male \_\_\_\_\_ Female

**VEHICLE REGISTRATION:** (IF STUDENT DRIVES AND WILL USE OUR PARKING LOT—ANY STUDENT PARKED ON SCHOOL PROPERTY WITHOUT THIS INFORMATION & DECAL WILL BE TOWED!)

VEHICLE MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ COLOR \_\_\_\_\_

TYPE: Auto \_\_\_ SUV\_\_\_ Van\_\_\_ Truck \_\_\_ Motorcycle \_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

INSURANCE CARRIER \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

X \_\_\_\_\_ (Student/Parent initials) I have received a copy of PACE High Schools Parking and Driving Privileges Policy & I UNDERSTAND & AGREE THAT FAILURE TO OBEY TRAFFIC AND PACE HIGH SCHOOL PARKING POLICIES WILL RESULT IN SUSPENSION OF MY DRIVING PRIVILEGES FOR A PERIOD OF TIME TO BE DETERMINED BY THE SCHOOL.

**PRIVACY INFORMATION**

Public release of student information is limited by Ohio Law to: NAME, ADDRESS, TELEPHONE LISTING, DATE AND PLACE OF BIRTH, PARTICIPATION IN SPORTS & ACTIVITIES, WEIGHT AND HEIGHT OF ATHLETIC TEAM MEMBERS, DATES OF ATTENDANCE, DATE OF GRADUATION AND AWARDS RECEIVED. If parent (s), Legal Guardian (s), or students 18 years of age wish to not have such information released, please check here: \_\_\_\_\_

I understand that all information provided on the Student Registration Information Form is correct as far as is known.

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

P.A.C.E HIGH SCHOOL
AUTHORIZATION TO RELEASE INFORMATION - PAGE 4

\_\_\_\_\_ authorizes the release of records for
Parent/Guardian Name/Student 18 or older

Student's Last Name First Name Mid. Initial Mon/Day/YR
Birth date

From the most recent school attended:

Name \_\_\_\_\_
Address \_\_\_\_\_
City, State, Zip \_\_\_\_\_
Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Check the records which may be released:

- Transcript of subjects and grades Ohio Proficiency Test Results
Attendance Record Standardized Test Results
Psychological Results Health Records
IEP, MFE or 504 plan Ohio Graduation Test Results
Withdrawal Form/Proof of Promotion
(Please include date of Withdrawal or Promotion)

The records may be mailed/faxed to:

P.A.C.E. School Registration Office
Attn: REGISTRAR
1601 California Ave
Cincinnati, Ohio 45237
(513) 482-3322 (fax)

I authorize the release of these records for these reasons. Please check one.

- I am the subject of these records and 18 years of age or older.
I am the parent, guardian, or custodian of the subject of these
records and the subject is under 18 years of age.

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

To the Registrar:

Please send the above records, if available for this student, as soon as possible.
If records are not available, please return our request indicating the following:

- No Records Available. Reason(s): \_\_\_\_\_
Unable to Send Records. Reason(s): \_\_\_\_\_

We would appreciate receiving any additional information that would enable us to
better meet the individual needs of the student. Thank you for your prompt re-
sponse.

**School Year 2011/2012**  
**PLEASE FILL OUT ALL FORMS COMPLETELY**

**EMERGENCY MEDICAL AUTHORIZATION FORM**

School \_\_\_\_\_ Student Name \_\_\_\_\_  
Grade \_\_\_\_\_ Address \_\_\_\_\_  
Telephone \_\_\_\_\_

PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached. Information provided on this form will be shared with school personnel who interact with your child to ensure his/her safety at school unless you note otherwise.

Residential (lives with) Parent or Guardian: (Designate - work or home)  
Mother's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Father's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Guardian's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Name of Relative or Childcare Provider (circle one):  
\_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

**PART I OR II MUST BE COMPLETED**

**PART I - TO GRANT CONSENT**

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
Preferred Local Hospital \_\_\_\_\_ Phone \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above-named doctor, or, in the event the designated practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

**IMPORTANT**

Please list any facts concerning the child's medical history including allergies, medications being taken, current medical conditions, and any physical impairments to which the school and a physician should be alerted.

\_\_\_\_\_  
\_\_\_\_\_

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

**PART II - REFUSAL TO CONSENT**

I do not give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

\_\_\_\_\_

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

☆ CHARTER/COMMUNITY SCHOOL ☆

**STUDENT INFORMATION**

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

School Year \_\_\_\_\_

Today's Date ① \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

School Code \_\_\_\_\_

**Desired Action**  
**School Use Only**

Enroll on Date \_\_\_\_/\_\_\_\_/\_\_\_\_

From School \_\_\_\_\_

Withdraw on Date \_\_\_\_/\_\_\_\_/\_\_\_\_

To School \_\_\_\_\_

Modify Student Data as of \_\_\_\_/\_\_\_\_/\_\_\_\_

Submitted by (print) \_\_\_\_\_

Signed \_\_\_\_\_

**Student**

*Please provide legal names.*

Last Name \_\_\_\_\_

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

Middle Name \_\_\_\_\_

Entering Grade Level \_\_\_\_\_

Gender (Check One)  Male  Female

Resident Address \_\_\_\_\_

Apartment \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Unl:  No  Yes

Student Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

Birth Document Source \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (if issued)

Race/Ethnic Code (Check One)  Black  White  Hispanic  
 Asian/Pacific Islander  Multi-Racial  
 Native American

Birthplace (City,St) \_\_\_\_\_

Birthplace (Country) \_\_\_\_\_

Nationality \_\_\_\_\_

Nickname (If Any) \_\_\_\_\_

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

**(CPS Use)**

Student ID 

--	--	--	--	--	--	--	--	--	--

Parent/Guardian Resident District if not CPS

\_\_\_\_\_

**Emergency Contacts**

Name \_\_\_\_\_

Relation \_\_\_\_\_

Phone \_\_\_\_\_

Alt/Cell Ph \_\_\_\_\_

Name \_\_\_\_\_

Relation \_\_\_\_\_

Phone \_\_\_\_\_

Alt/Cell Ph \_\_\_\_\_

**Withdrawal Authorization**

Parent signature authorizes the Student Information Systems Department, Cincinnati Public Schools to withdraw this student from their current school of enrollment. I understand that this authorization will remove my child from the current school of enrollment and/or waiting list. There is no guarantee that my child will be re-enrolled if this current school is a magnet school and the charter school is no longer desired.

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

Date \_\_\_\_\_

**CHARTER/COMMUNITY SCHOOL  
STUDENT REGISTRATION INFORMATION**

Today's Date **2**

/ /

Use additional pages as necessary.

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

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Stepparent <input type="checkbox"/> @Fosterparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Surrogate Parent <input type="checkbox"/> Other	
Last Name _____ First Name _____ Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <i>If you check Divorce or Separated, we require current legal documentation related to the children.</i> (*)Address _____ City _____ State _____ Zip Code _____ Phone Number _____      Unl: <input type="checkbox"/> No <input type="checkbox"/> Yes Alt/Cell Phone _____ Email Address _____ Work Phone _____	Deceased? <input type="checkbox"/> No <input type="checkbox"/> Yes District of Residence _____ District of Primary Residence _____ Resides With Student? <input type="checkbox"/> No <input type="checkbox"/> Yes Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes Legal Guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes Grandparent POA? (see #) <input type="checkbox"/> No <input type="checkbox"/> Yes Caregiver Authorization? <input type="checkbox"/> No <input type="checkbox"/> Yes Mail if not Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Stepparent <input type="checkbox"/> @Fosterparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Surrogate Parent <input type="checkbox"/> Other	
Last Name _____ First Name _____ Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <i>If you check Divorce or Separated, we require current legal documentation related to the children.</i> (*)Address _____ City _____ State _____ Zip Code _____ Phone Number _____      Unl: <input type="checkbox"/> No <input type="checkbox"/> Yes Alt/Cell Phone _____ Email Address _____ Work Phone _____	Deceased? <input type="checkbox"/> No <input type="checkbox"/> Yes District of Residence _____ District of Primary Residence _____ Resides With Student? <input type="checkbox"/> No <input type="checkbox"/> Yes Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes Legal Guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes Grandparent POA? (see #) <input type="checkbox"/> No <input type="checkbox"/> Yes Caregiver Authorization? <input type="checkbox"/> No <input type="checkbox"/> Yes Mail if not Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Stepparent <input type="checkbox"/> @Fosterparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Surrogate Parent <input type="checkbox"/> Other	
Last Name _____ First Name _____ Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <i>If you check Divorce or Separated, we require current legal documentation related to the children.</i> (*)Address _____ City _____ State _____ Zip Code _____ Phone Number _____      Unl: <input type="checkbox"/> No <input type="checkbox"/> Yes Alt/Cell Phone _____ Email Address _____ Work Phone _____	Deceased? <input type="checkbox"/> No <input type="checkbox"/> Yes District of Residence _____ District of Primary Residence _____ Resides With Student? <input type="checkbox"/> No <input type="checkbox"/> Yes Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes Legal Guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes Grandparent POA? (see #) <input type="checkbox"/> No <input type="checkbox"/> Yes Caregiver Authorization? <input type="checkbox"/> No <input type="checkbox"/> Yes Mail if not Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes

(\*) If different from student's address

[#] If parent is not custodial, include copy of Grandparent Power of Attorney and Caregiver Authorization.

@ If foster parent, obtain copy of court order showing district of responsibility. Retain in cumulative file.

# 2011/2012 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

**\*\*THIS FORM MUST BE FILLED OUT!\*\***

## Part 1. Children in School (Use a separate application for each foster child)

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	SNAP* or TANF case # (if any). Skip to Part 5 if you list a SNAP* or TANF case #

**Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone #]** Homeless  Migrant  Runaway

## Part 3. Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box  and then list the amount of the child's personal use monthly income: \$ \_\_\_\_\_. Skip to Part 5.

## Part 4. Total Household Gross Income—You must tell us how much and how often

1. Name (List everyone in household) <i>(Example)</i> <i>Jane Smith</i>	2. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
	\$200/weekly	\$150/weekly	\$100/monthly	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

## Part 5. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark 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 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: X \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  I do not have a Social Security Number

## Part 6. Children's ethnic and racial identities (optional)

Choose one ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Choose one or more (regardless of ethnicity): <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black or African American
---	--

## Don't fill out this part. This is for school use only.

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

Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_ Reason: \_\_\_\_\_

Temporary: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_\_\_ days)

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_