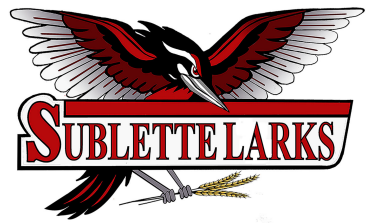


Student Information Form



STUDENT

Grade		<input type="checkbox"/> Female <input type="checkbox"/> Male		Birth Date	
Last Name		First Name		Middle Name	
Elementary Only Proof of Age Provided (<i>CHECK ONE</i>) <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Hospital Record <input type="checkbox"/> Transcript <input type="checkbox"/> Other:					
Is the student Hispanic/Latino? <input type="checkbox"/> YES <input type="checkbox"/> NO		Do any of the following apply to the student? <input type="checkbox"/> 504 Plan—Disability accommodations not covered by Special Ed <input type="checkbox"/> Special Ed Services <input type="checkbox"/> ESOL / ELL Services			
What is the student's race? (<i>Please select one or more</i>) <input type="checkbox"/> American Indian OR Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black OR African American <input type="checkbox"/> Native Hawaiian OR Other Pacific Islander <input type="checkbox"/> White					
Student Physical Address			Student Mailing Address (IF DIFFERENT FROM PHYSICAL ADDRESS)		
		APT #			APT #
CITY, STATE		ZIP CODE	CITY, STATE		ZIP CODE
Student Cellphone Number					

PARENT / GUARDIAN #1

LIVES WITH STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO		LAST NAME		FIRST NAME		MIDDLE NAME	
RELATIONSHIP TO STUDENT		Mailing Address (if different from Student)		CITY, STATE		ZIP CODE	
CHECK ALL THAT APPLY:							
CONTACT ALLOWED? <input type="checkbox"/> YES <input type="checkbox"/> NO		HAS CUSTODY? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO to Custody, Are MAILINGS ALLOWED? <input type="checkbox"/> YES <input type="checkbox"/> NO		RELEASE TO? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PRIMARY LANGUAGE		SPEAKS ENGLISH? <input type="checkbox"/> YES <input type="checkbox"/> NO		PARENT/GUARDIAN EMAIL		PLACE OF EMPLOYMENT	
PRIMARY PHONE Number :				ALTERNATE PHONE Number :			
<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> OK TO CONTACT <input type="checkbox"/> UNLISTED				<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> OK TO CONTACT <input type="checkbox"/> UNLISTED			

PARENT / GUARDIAN #2

LIVES WITH STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO		LAST NAME		FIRST NAME		MIDDLE NAME	
RELATIONSHIP TO STUDENT		Mailing Address (if different from Student)		CITY, STATE		ZIP CODE	
CHECK ALL THAT APPLY:							
CONTACT ALLOWED? <input type="checkbox"/> YES <input type="checkbox"/> NO		HAS CUSTODY? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO to Custody, Are MAILINGS ALLOWED? <input type="checkbox"/> YES <input type="checkbox"/> NO		RELEASE TO? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PRIMARY LANGUAGE		SPEAKS ENGLISH? <input type="checkbox"/> YES <input type="checkbox"/> NO		PARENT/GUARDIAN EMAIL		PLACE OF EMPLOYMENT	
PRIMARY PHONE Number:				ALTERNATE PHONE Number:			
<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> OK TO CONTACT <input type="checkbox"/> UNLISTED				<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> OK TO CONTACT <input type="checkbox"/> UNLISTED			

STUDENT NAME**EMERGENCY CONTACTS**

1	RELATIONSHIP	NAME
PRIMARY PHONE :		ALTERNATE PHONE :
<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> OK TO CONTACT		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> OK TOCONTACT
2	RELATIONSHIP	NAME
PRIMARY PHONE :		ALTERNATE PHONE :
<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> OK TO CONTACT		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> OK TOCONTACT
3	RELATIONSHIP	NAME
PRIMARY PHONE :		ALTERNATE PHONE :
<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> OK TO CONTACT		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> OK TOCONTACT

MEDICAL INFORMATION — THE SCHOOL CANNOT BE FINANCIALLY RESPONSIBLE FOR MEDICAL, DENTAL, AMBULANCE, OR HOSPITAL SERVICE.

PHYSICIAN'S NAME & Number	PREFERRED HOSPITAL	MEDICAID # (IF APPLICABLE)
Insurance Name / Group # / ID #		
ALLERGIES / HEALTH FACTORS / COMMENTS		
LIFE THREATENING? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Please read and select Yes or No for each of the following.

- YES NO** In the event of serious injury, it may be necessary to contact local emergency medical personnel immediately. Attempts will then be made to contact the parents/guardians or designated persons to inform them of the situation. The child will be treated by medical personnel as needed.
- YES NO** In case of an illness or injury to the above named student, the school is authorized to proceed in its emergency medical plan including any necessary transportation to receive such treatment. I understand that the school is not financially responsible for individual medical, dental, ambulance, or hospital services. I realize that it will be necessary for me to inform the school of any address or phone number changes that may occur during the school year. I understand that the coaches/sponsors of my child will be prepared to take the appropriate emergency steps by keeping a copy of this form with them at all contests and activities.
- YES NO** I give permission for the exchange of information between the school nurse or other school representative to copy and send this student's immunization records to schools, physician's offices, and health departments as needed.
- YES NO** I give permission to USD #374 or its designated representative to permit my child's picture to be taken or likeness reproduced and disseminated to various media/communications, such as local newspapers and the district's website. I hereby release the above party from liabilities arising out of what I might deem misrepresentations by virtue of distortion, optical illusions or faulty mechanical reproductions. The publicity of that minor child received by virtue of the first such use that may be made thereof shall be full and adequate compensation for this consent. I agree all such uses of his/her name, voice, likeness, portraits, pictures, photographs, films videotapes, audiotapes, or writings and reproductions thereof, including but limited to tapes, plates, and negatives connected therewith are and shall remain property of USD #374.

Middle/High School ONLY

YES NO My child has permission to leave campus for school sponsored events during the school year.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

Student Health Information Form



Last Name

First Name

Grade

Please check any medical conditions your student has:

ADHD/ADD

Asthma

Birth Defects

Hearing Difficulties

Skin Problems

Ear Infections

Depression

Diabetes

Headaches

Bone/Joint problems

Anxiety

Vision Difficulties

Heart Defects

Urinating Problems

Serious Injury

Seizures

Stomach Problems

High Blood Pressure

Surgical History

Anemia

Constipation

Other

Please explain checked medical conditions or anything more about your student's health that you think is important for us to know: _____

Allergies (Drug & Food) & Reaction:

1. _____
2. _____
3. _____

Home Medications/Vitamins:

1. _____
2. _____
3. _____

Assistive Devices: (glasses, contacts, braces, hearing aids etc)

1. _____
2. _____
3. _____



Transportation 2017-2018



Family's Last Name: _____

1st Child's Name	Grade	2nd Child's Name	Grade
3rd Child's Name	Grade	4th Child's Name	Grade
5th Child's Name	Grade	6th Child's Name	Grade

Do you live in town or in the country?

Town: Country:

Will your student(s) ride the bus?

Yes: No:

If you live in the country what is your physical address?

Directions to your home from Sublette:

Phone Numbers

	Home Phone	Cell Phone	Work Phone
Mother's Name:			
Father's Name:			
Nearest Neighbors:	Home Phone	Cell Phone	Work Phone

If no one is at home when we arrive to drop off your child(ren) after school, what do you want the driver to do? **Select One**

- Drop your child off anyway.
 Take my Child(ren) back to school.

Mud Routes

Some parents elect to have their child(ren) walk home from their mud route stop. Do you want us to allow your child to: **Select One**

- Walk home from the mud stop.
 Take my Child(ren) back to school.

Parent Signature

Date



KAN Be Healthy (EPSDT) Screening Form

I.D. Number: _____

Please note the Mandatory Blood Lead Questionnaire is a separate document. It is required at each screen 6 to 72 months

Name	Date of Birth	Age	Date of Screen
------	---------------	-----	----------------

PHYSICAL GROWTH

T	Weight	(lbs/kg)	th%	Weight/Length	%	Head Circ (≤ 24 months) cm/in th%	
P	Length	(Birth to 24 months)	cm/in	Standing Height	(2 - 20 years)		cm/in
R	BMI		th%				
BP	BMI ≥ 85%: recommend appropriate nutrition input and physical activity.						
Update Growth Chart (required at each screen)						Male	<input type="checkbox"/>
						Female	<input type="checkbox"/>

BENEFICIARY & FAMILY HISTORY

Refer to completed history form in chart. Present Concern: _____

No changes in medical Hx unless indicated. _____

Previous Hx reviewed from _____ visit. _____

Patient currently in Foster care, no previous hx available. _____

Medications: _____ Serious Illness/Accidents: No Yes (date & type)

(including Hospital or ER visits) _____

Allergies (food & drug) _____

Birth History (Length, weight, complications, etc. - if known) _____ Operations: No Yes (date & type)

(Circle and indicate the relationship with disease / problem. P-Parent, G-Grandparent, B-Brother, S-Sister, Self)

Allergies (food & drug) _____	Drug or ETOH Abuse _____	Mental Illness _____
Asthma _____	Earaches _____	Obesity _____
Birth defects _____	Epilepsy/Seizures _____	Scoliosis/Arthritis _____
Blood Disorder/ Sickle Cell _____	Headache _____	Speech, Visual, Hearing _____
Cancer _____	High Blood Pressure _____	Ulcers/Colitis _____
Colds/sore throat _____	Kidney/Liver Disease _____	Urinary/Bowel _____
Diabetes _____	Lung Disease _____	Heart Disease/Stroke _____

BODY SYSTEMS

SYSTEMS	WNL	ABN	Comments (Describe any Abnormal Findings)
General Appearance	<input type="checkbox"/>	<input type="checkbox"/>	
Integumentary	<input type="checkbox"/>	<input type="checkbox"/>	
Head-Neck	<input type="checkbox"/>	<input type="checkbox"/>	
Eyes/Ears/Nose & Throat	<input type="checkbox"/>	<input type="checkbox"/>	
Oral/Dental	<input type="checkbox"/>	<input type="checkbox"/>	
Pulmonary	<input type="checkbox"/>	<input type="checkbox"/>	Lung sounds?
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	Murmur?
Abdomen/Gastrointestinal	<input type="checkbox"/>	<input type="checkbox"/>	
Genitourinary	<input type="checkbox"/>	<input type="checkbox"/>	Tanner Score (as appropriate): Evaluate for excessive menstrual bleeding Enuresis
Trunk / Spine	<input type="checkbox"/>	<input type="checkbox"/>	
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	

Vision Screen

Ages 0 to 3 yr - Corneal Light Reflex Present: Yes <input type="checkbox"/> No <input type="checkbox"/> Ages 3 yr thru 20 - Bruckner Exam: Pass <input type="checkbox"/> Refer <input type="checkbox"/> All ages - Outer Inspection: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Eye Tracking: Pass <input type="checkbox"/> Refer <input type="checkbox"/> PERRLA: Pass <input type="checkbox"/> Refer <input type="checkbox"/> Ocular Motility(strabismus/cross cover test):Pass <input type="checkbox"/> Refer <input type="checkbox"/>	Ages 3 thru 20: Distance Acuity - _____ Near Acuity - _____ Tool used: _____ Tool used: _____ Score: L _____ R _____ Both _____ Score: L _____ R _____ Both _____ Last exam: _____ Further comments (see below)
---	--

NUTRITION

PHYSICAL ACTIVITY

<input type="checkbox"/> WIC participant <input type="checkbox"/> Referred to WIC <input type="checkbox"/> Breast Feeding <input type="checkbox"/> Formula Amount & how often: _____ Number of Servings per day Bread/Cereal _____ Dairy _____ Fat/Sweet/Sugar _____ Fruit _____ Meat/Bean/Egg _____ Vegetable _____ Fluid Intake: water _____ oz. Soda _____ Milk _____ oz. Juice _____	<input type="checkbox"/> Biking <input type="checkbox"/> Basketball <input type="checkbox"/> play outside <input type="checkbox"/> Skating <input type="checkbox"/> Walking <input type="checkbox"/> other sports How many hours screen time/Day? (i.e. TV, Games, PC) <input type="checkbox"/> 0-1 hr <input type="checkbox"/> 1-2hr <input type="checkbox"/> 3-5hrs <input type="checkbox"/> 5+hrs KBH participant currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", then complete following : 1. Prenatal Record initiated? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. On prenatal vitamins? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Referred for OB/GYN cares? <input type="checkbox"/> Yes <input type="checkbox"/> No Referred to: _____
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LABORATORY

IMMUNIZATIONS

Obtain CBC with automated differential in infants between 9-12 months. Obtain CBC with automated differential in males at age 15 and in females at menarche. Annual CBC's with diff are required depending on lifestyle/ health needs, please see Provider Manual. Was CBC obtained? Yes <input type="checkbox"/> No <input type="checkbox"/> Indicate further follow-up in Plan of Care.	Copy of record in chart Current <input type="checkbox"/> Behind <input type="checkbox"/> Unknown <input type="checkbox"/> Requested from Parent <input type="checkbox"/> Referred to VFC provider <input type="checkbox"/> Needs (circle): Rota HepB DTaP Flu Hib IPV MMR MCV4 MPSV4 PCV Varicella HepA HPV Other: _____
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DEVELOPMENTAL / EMOTIONAL

DENTAL

<i>Please refer to KMAP Provider Manual for AAP recommended Developmental Tools.</i> Children < 6 yrs. A completed developmental screening tool to include the screener's interpretation and report regarding meeting developmental milestones. If further testing/intervention is required, please include in Plan of Care. Children 6-21 yrs. A completed developmental screening tool to include the screener's interpretation and report or document all developmental/emotional observations found below. Include further testing/intervention needs in Plan of Care. Developmental Tool used: _____ Sleep Habits _____ Tired / overactive? _____ Discipline: _____ Vocational concerns? _____ Peer Interaction: _____ Exercise _____ Grade Level _____ Average Marks _____ Special Education: _____ Special Needs: _____ Any emotional or behavioral problems? _____ Emotional Observations: _____	Sees Dentist? Yes <input type="checkbox"/> No <input type="checkbox"/> Last dental exam date: ____/____/____ # times brushes/day: _____ Dental Referral (annually at a minimum 1-20yr) Yes <input type="checkbox"/> No <input type="checkbox"/> ~ Fluoride Varnish? Yes <input type="checkbox"/> No <input type="checkbox"/> HEARING SCREEN Maintain in record completed paper hearing screens & report or qualifying hearing screen procedure & report. Age birth to 4, perform Risk Indicators for Hearing Loss and Hearing Developmental Scales Pass <input type="checkbox"/> Refer <input type="checkbox"/> Hearing Health History >4: _____ Pass <input type="checkbox"/> Refer <input type="checkbox"/> Or Screen Procedure: _____
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HEALTH EDUCATION AND ANTICIPATORY GUIDANCE

Circle Those Reviewed/ Handouts Given			
1. Behavior/Discipline	5. Family Planning	9. Parenting	13. Self Breast Exam
2. Oral /Dental	6. Immunizations	10. Safety/Poisons	14. Sexuality
3. Development	7. Lifestyle	11. Substance Abuse	15. Exercise
4. Physical Activity	8. Nutrition	12. Self Testicular Exam	16. Weapon Safety
17. Other: _____			

RESULTS/PLAN OF CARE

Screening Results: _____ Plan/Referrals (dental, vision, hearing, dietary, etc): _____ _____ Screening Providers Signature: _____	Recommended Return Date: _____ Parent/Caregiver and/or Patient informed of KBH Screen findings and verbalizes understanding of findings and recommendations. Yes <input type="checkbox"/> No <input type="checkbox"/> Parent/Caregiver and/or Patient Signature: _____ Date: _____
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Sublette's BEST2

Building Excellent Students Today!

Sublette students, Kindergarten through Sixth Grade, have the opportunity to engage in learning activities to enhance their knowledge in academic studies as well as in enrichment programs.

Sublette's BEST2 will operate from **Monday, September 11, 2017 through Thursday, May 3, 2018**. The program hours are from **3:40 until 5:10**.

Enrollment Fee: \$35/year for each student OR
\$105/yr. for a family of 3 or more students.

Activities to be offered include but are not limited to:

STEAM Labs Makerspaces Agricultural Education
Youth Bowling League Community Event Presentations
Physical Fitness Homework Assistance Tutoring

Please complete this registration to enroll your student in the BEST2 program for the year 2017 – 2018.

Student Name: _____ Grade: _____

Parent (s) / Guardian (s) Name (s): _____

Contact information: (this number must be assessable between the hours of 3:40 – 5:30)

Student Allergies and/or Medical Concerns:

List of persons **NOT** allowed to pick up your student from the BEST2 program:



Mandatory Blood Lead Screening Questionnaire

To be completed at each KBH Screen from 6 to 72 months

Does your child: (circle response received)	DATE: (MM/DD/YYYY)						
1) Live in or visit a house or apartment built before 1960? (This could include a day care center, preschool, the home of a baby-sitter or relative, etc.)	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
2) Live in or regularly visit a house or apartment built before 1960 with previous, ongoing or planned renovation or remodeling?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
3) Have a family member with an elevated blood lead level?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
4) Interact with an adult whose job or hobby involves exposure to lead? (Furniture refinishing, making stained glass, electronics, soldering, automotive repair, making fishing weights and lures, reloading shotgun shells and bullets, firing guns at a shooting range, doing home repairs and remodeling, painting/stripping paint, antique/imported toys, and/or making pottery).	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
5) Live near a lead smelter, battery plant or other lead industry? (Ammunition/explosives, auto repair/auto body, cable/wiring striping, splicing or production, ceramics, firing range, leaded glass factory, industrial machinery/equipment, jewelry manufacturer or repair, lead mine, paint/pigment manufacturer, plumbing, radiator repair, salvage metal or batteries, steel metalwork, or molten (foundry work)).	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
6) Use pottery, ceramic, or crystal wear for cooking, eating, or drinking?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
One positive response to the above questions <u>requires</u> a blood lead level test. Please, remember blood lead level tests are required at 12 and 24 months, regardless of the score. Was blood drawn for a blood lead level test?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Interviewing Staff Initials							

Staff Signature:

Patient Name: _____ **I.D. Number:** _____

Sublette Elementary School USD 374

P.O. Box 550
Sublette, Kansas 67877

Phone: 620-675-2286
Fax: 620-675-2296

Dear Parent/Guardian:

Children need healthy meals to learn. Sublette Elementary School offers healthy meals every school day. **Your children may qualify for free meals or for reduced price meals.**

Meal Charges	Elementary		Middle or Jr. High		High School	
	Full Price	Reduced Price	Full Price	Reduced Price	Full Price	Reduced Price
<input checked="" type="checkbox"/> Lunch	2.85	.40	2.90	.40	2.90	.40
<input checked="" type="checkbox"/> Breakfast	1.50	.30	1.60	.30	1.60	.30
<input type="checkbox"/> After School Snack						

An application for free or reduced price meal benefits and a set of detailed instructions is included with this letter or available online at www.usd374.org. Contact Rachel Lee, Principal, 620.675.2286 with questions or to request an application be sent. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from **Food Assistance (FA), the Food Distribution Program on Indian Reservations (FDPIR) or Temporary Assistance for Families (TAF)** are eligible for free meals.
- **Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.**
- **Children participating in their school's Head Start/Even Start program are eligible for free meals.**
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2017-2018			
Household size	Yearly	Monthly	Weekly
1	22,311	1,860	430
2	30,044	2,504	578
3	37,777	3,149	727
4	45,510	3,793	876
5	53,243	4,437	1,024
6	60,976	5,082	1,173
7	68,709	5,726	1,322
8	76,442	6,371	1,471
Each additional person:	7,733	645	149

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail USD #374 - Rex Bruce, Superintendent.
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *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: Rachel Lee, Principal, 301 Inman St./PO Box 550, Sublette, KS, 67877, rlee@usd374.org, **620-675-2286**.
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Rachel Lee, Principal, 301 Inman St./PO Box 550, Sublette, KS, 67877, rlee@usd374.org, **620-675-2286** immediately.

5. CAN I APPLY ONLINE? Not Available , Yes Currently USD #374 does not have this application process available online.
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year, **through October 11, 2017**. You must send in a new application unless the school told you that your child is eligible for the new school year. **If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.**
7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
10. 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: Rex Bruce, Superintendent, 105 West Fern/PO Box 670, Sublette, KS, 67877, rexb@usd374.org.
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact Rachel Lee, Principal, 301 Inman St./PO Box 550, Sublette, KS, 67877, rlee@usd374.org, **620-675-2286 to receive a second application.**
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for Food Assistance (FA) or other assistance benefits, contact your local assistance office or call 1-888-369-4777.

If you have other questions or need help, call 620-675-2286.

Sincerely,

Michelle Escarcega
Building Representative

This institution is an equal opportunity provider.

APPLICATION PACKET FOR FREE AND REDUCED PRICE SCHOOL MEALS

How to Apply for Free and Reduced Price School Meals. For translated materials, go to www.kn-eat.org, School Nutrition Programs, Administration, Foreign Language Translation. Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in USD #374. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Paula Leverett, PO Box 670, Sublette, KS 67877.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household’s income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending USD #374, regardless of age.

<p>A) List each child’s name. Print each child’s name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.</p>	<p>B) Is the child a student at USD #374? Mark ‘Yes’ or ‘No’ under the column titled “Student” to tell us which children attend USD #374. If you marked ‘Yes,’ write the name of the school and the grade level of the student in the ‘School’ and ‘Grade’ columns to the right.</p>	<p>C) Do you have any foster children? If any children listed are foster children, mark the “Foster Child” box next to the child’s name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4. <u>Foster children who live with you may count as members of your household and should be listed on your application.</u> If you are applying for both foster and non-foster children, go to step 3.</p>	<p>D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the “Homeless, Migrant, Runaway” box next to the child’s name and <u>complete all steps of the application.</u></p>
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STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN FOOD ASSISTANCE, TAF, OR FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- Food Assistance (FA).
- Temporary Assistance for Families (TAF).
- The Food Distribution Program on Indian Reservations (FDPIR).

<p>A) If no one in your household participates in any of the above listed programs:</p> <ul style="list-style-type: none"> • Leave STEP 2 blank and go to STEP 3. 	<p>B) If anyone in your household participates in any of the above listed programs:</p> <ul style="list-style-type: none"> • Write a case number for FA, TAF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact Kansas Department for Children and Families. • Go to STEP 4.
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STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled “Sources of Income for Adults” and “Sources of Income for Children”, printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received before taxes.
 - Many people think of income as the amount they “take home” and not the total, “gross” amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a “0” in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write ‘0’ or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

3.A. REPORT INCOME EARNED BY CHILDREN			
<p>A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.</p> <p><i>What is Child Income?</i> Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.</p>			
3.B REPORT INCOME EARNED BY ADULTS			
Who should I list here?			
<ul style="list-style-type: none"> When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, <u>even if they are not related and even if they do not receive income of their own.</u> Do NOT include: <ul style="list-style-type: none"> People who live with you but are not supported by your household's income AND do not contribute income to your household. Infants, Children and students already listed in STEP 1. 			
<p>B) List adult household members' names. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." <u>Do not list any household members you listed in STEP 1.</u> If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.</p>	<p>C) Report earnings from work. Report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income. See detailed instructions on the back of the application.</p> <p><i>What if I am self-employed?</i> Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.</p>	<p>D) Report income from public assistance/child support/alimony. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. <u>Do not report the cash value of any public assistance benefits NOT listed on the chart.</u> If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.</p>	
<p>E) Report income from pensions/retirement/all other income. Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.</p>	<p>F) Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.</p>	<p>G) Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."</p>	
STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE			
<p><i>All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.</i></p>			
<p>A) Provide your contact information. Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.</p>	<p>B) Print and sign your name and write today's date. Print the name of the adult signing the application and that person signs in the box "Signature of adult."</p>	<p>C) Mail Completed Form to: USD #374, PO Box 670, Sublette, KS 67877</p>	<p>D) Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals.</p>

2017-2018 Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

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

<p>Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."</p> <p>Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.</p>	Child's First Name	MI	Child's Last Name	School	Grade	Student? Yes No	Foster Child	Homeless, Migrant, Runaway
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: Food Assistance, TAF, or FDPIR?

If **NO** > Go to STEP 3. If **YES** > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

Write only one case number in this space.

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

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

Flip the page to learn how to report Income from Self Employment.

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child income

\$

Weekly
 Bi-Weekly
 2x Month
 Monthly

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

Check if no SSN

STEP 4 Contact information and adult signature. Mail completed form to: USD #374, PO Box 670, Sublette, KS 67877

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address (if available)	Apt #	City	State	Zip	Daytime Phone and Email (optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Printed name of adult signing the form	Signature of adult	Today's date			

INSTRUCTIONS

Sources of Income

Sources of Income for Children	
Sources of Child Income	Example(s)
<ul style="list-style-type: none"> Earnings from work 	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages
<ul style="list-style-type: none"> Social Security <ul style="list-style-type: none"> Disability Payments Survivor's Benefits 	<ul style="list-style-type: none"> A child is blind or disabled and receives Social Security benefits A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
<ul style="list-style-type: none"> Income from person outside the household 	<ul style="list-style-type: none"> A friend or extended family member regularly gives a child spending money
<ul style="list-style-type: none"> Income from any other source 	<ul style="list-style-type: none"> A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults		
<ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veteran's benefits Strike benefits 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household

Income from Self Employment: Self-employed persons may use income tax records for the preceding calendar year as a base to project the current year's net income, unless the current monthly income provides a more accurate measure. Report income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as interest on home payments, medical expenses, and other similar non-business deductions are not allowed in reducing gross business income. Additional income from other kinds of employment must be treated as separate and apart from the income generated or lost from your business venture. For example, if you operated a business at a net loss, but held additional employment for which a salary was received, the income for purposes of applying for reduced price or free meals would be the income from the salary only. The loss from the business cannot be deducted from a positive income earned in other employment.

For purposes of this application, it is not possible to report a negative income from any business venture. The least income possible is zero (no income). The necessary information for arriving at allowable income from private business operation may be taken from your most recent U.S. Individual Income Tax Return - Form 1040. Add together the amounts reported on the following lines:

LINE 12	\$ _____	Business Income or (Loss)
LINE 13	\$ _____	Capital Gain or (Loss)
LINE 14	\$ _____	Other Gains or (Losses)
LINE 17	\$ _____	Rental real estate, royalties, partnerships, S corporations, trusts, etc.
LINE 18	\$ _____	Farm Income or (Loss)
TOTAL	\$ _____	Gross Annual Income Before Any Deductions.
Computed Monthly Income	\$ _____	Gross Annual Income ÷ 12 = Computed Monthly Income. Report in Step 3.

OPTIONAL

Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino
 Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Food Assistance (FA) Temporary Assistance for Families (TAF) 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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Do not fill out

For School Use Only – Annual Income Conversion: Weekly x 52, Bi-Weekly x 26, Twice a Month x 24, Monthly x 12

<input type="checkbox"/> Total Income: \$ _____ How Often (Circle One): W BW 2M M Multiple=Yearly Household Size: _____	Eligibility: <input type="checkbox"/> Free OR <input type="checkbox"/> Reduced Price OR <input type="checkbox"/> Denied Notes: _____
<input type="checkbox"/> Categorical Eligibility (FA, TAF, FDPIR, Foster)	
Determining Official's Signature: _____	Approval/Denial Date: _____ Notification Date: _____
Processor's Initials: _____	Confirming Official's Signature (ONLY for applications to be verified): _____ Review Date: _____

HOME LANGUAGE SURVEY

Upon enrollment, every student or parent/guardian must be given a Home Language Survey. This survey will be used to determine which students should be assessed for English proficiency. If a language other than English is indicated in any of questions 1-4, the student will be assessed to determine eligibility for English to Speakers of Other Languages (ESOL) services. The assessments approved by Kansas State Department of Education include: The Language Assessment Scales (LAS)/LAS LINKS/Pre-LAS, the IDEA Proficiency Test (IPT)/Pre-IPT, the Language Proficiency Test Series (LPTS), and the Kansas English Language Proficiency Assessment (KELPA)/KELPA-P. If a student scores below proficient/fluent in any of the language domains: listening, speaking, reading, or writing, s/he is eligible for ESOL services. Please complete one form for each child.

Student Information:

Name	Grade
Address	Date of Birth
Date first enrolled in a school in the U.S.	Phone Number

Student Language Information:

1. What language did your child first learn to speak/use?
English Spanish Other (please specify) _____
2. What language does your child most often speak/use at home?
English Spanish Other (please specify) _____
3. What language do you most often speak/use with your child?
English Spanish Other (please specify) _____
4. What language do the adults at home most often speak/use?
English Spanish Other (please specify) _____

Parent/Guardian Information:

Which language do you read/write? English Spanish Other (specify) _____

Migrant Education Program Information:

The Migrant Education Program (MEP) is authorized by Title I Part C of the Elementary and Secondary Education Act of 1965 (ESEA). The MEP provides formula grants to local education agencies to establish or improve education programs for children who may qualify for the Migrant Program. Please help us determine your child's eligibility for the Migrant Program by responding to the following questions.

Has your family moved in the last 36 months to seek or obtain agriculture or fishing related work?
Yes _____ No _____

If yes, was the move from one school district to another? Yes _____ No _____

Signature of Parent or Guardian

Date

SUBLETTE USD 374

Identification & Recruitment Parent Survey

Please complete the following information to help us determine if your child/children qualify for the migrant program. This program provides extra academic help for students who may need assistance as well as other benefits. Thank you for your help!

1. Has your family moved into this district within the past 3 years? Yes No
(Note: If you answer "NO" to the above question, do not answer questions #2, #3 & #4.)
2. Are you now looking for agricultural work? Yes No
3. Are you now working in agricultural work? Yes No
4. Were you employed in any agriculturally related jobs listed below in Kansas within the last 3 years?
 Yes No



Feed Cattle,



Dairy



Eggs



Cultivation,



Fishing

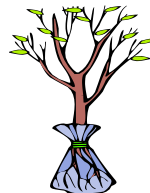
Processing, Packaging



Harvest (fruit and vegetables)



Milling, Cotton



Trees Planting, Cutting

Preparation of soil



Greenhouse, Nursery, Sod

Parent/Guardian Names

Present Job/Job Title

Last Employment

Father: _____ / _____

Mother: _____ / _____

Please list all children

First	Last	Sex	School	Grade	Date of Birth	Age

Address: _____ Telephone: _____

X _____
Signature of Parent or Guardian

Date

UNIFIED SCHOOL DISTRICT #374, SUBLETTE, KS
Mrs. Rachel Lee Elementary School Principal
P.O. Box 550
Sublette, KS 67877
Phone: (620) 675-2286 Fax (620) 675-2296

The following student has enrolled in our school:

Name: _____ Date of Birth: _____

Grade: _____ Social Security #: _____

Enrollment Date: _____

Previous School Attended: _____

Address: _____

Phone: _____ Fax: _____

Please send the Following:

- A. Withdrawal Form
- B. Complete Transcript
- C. Test Records
- D. Immunization Records
- E. Copy of Birth Certificate
- F. Copy of Social Security Card
- G. Home Language Survey
- H. Any Special Programs (Title I, IEP, etc...)
- I. All other pertinent information.

Please send the information to:

Sublette Elementary School
Attn: Risa Leonard Stevens
P.O. Box 550
Sublette, Kansas 67877

It is not necessary for parents to sign a release when records are being passed from public school to public school. Note Federal Register, Thursday June 17, 1976 Privacy rights of Parents and Students. Final rule on Education Records; Volume 41 No. 118 Page 24673

Sublette Elementary School

301 S. Inman, P.O. Box 550

Sublette, KS 67877

(620) 675-2286

Dear Parents:

Our school will administer the *Kansas Communities That Care Student Survey** sometime in December or January. This survey is taken by 6th, 8th, 10th and 12th grade students statewide. I believe this survey is a valuable tool to help us understand how students perceive things like substance use and bullying. It gives us insight into the problems students face and shows what we can do to help them succeed. The information is essential to local and state grant funding and to planning effective prevention programs in our school and community.

The survey is available to view at www.kctcdata.org/Documents/ctc_survey_.pdf. You may also be interested to know the following:

1. **It is completely anonymous.** Students will not be asked for their names on the questionnaire; nor will anyone be able to connect any individual student with his/her responses. School staff will not see any one student's responses, but only summaries of results. To further guarantee anonymity, results will not be reported on any particular question without sufficient response from enough students.
2. **Participation is entirely voluntary.** Your child may decline to participate in the survey, or may simply skip any particular question they do not wish to answer.
3. **Annual participation is important.** Even if your child has participated in previous surveys, annual data is extremely helpful in determining the effectiveness of previous efforts and changes in program areas.

I hope you will allow your child to participate. Please check the appropriate box below. ***All parents must sign and return this form to school during enrollment.*** Thank you in advance for your cooperation.

Sincerely,

Rachel A. Lee

PRINCIPAL

Please check one:

- Yes, I give permission for my child to participate in the *Kansas Communities That Care Student Survey*.**
- No, I do not give permission for my child to participate in the *Kansas Communities That Care Student Survey*.**

Signature of Parent/Guardian

Printed Parent/Guardian Name

Printed Name of Child

Date

*The survey is provided by the Kansas Department for Aging and Disability Services Behavioral Health Services and administered by the Southeast Kansas Education Service Center Grants and Evaluation Department.

Sublette Elementary School

301 S. Inman, P.O. Box 550

Sublette, KS 67877

(620) 675-2286

Estimados Padres de Familia:

Nuestras escuelas, secundaria y preparatoria tomarán la encuesta llamada *Kansas Communities That Care Student Survey** (*Encuesta Estudiantil de las Comunidades de Kansas que se preocupan*) en el mes de Diciembre o Enero, todavía no hay una fecha exacta pero será dentro de esos dos meses. Esta encuesta es tomada por los alumnos de los grados de 6to, 8vo, 10mo, y 12do en todos los estados del país. Yo creo que esta encuesta es una herramienta indispensable para ayudarnos a entender cómo alumnos perciben cosas tales como consumo de sustancias y el bullying. Nos da la noción de los problemas de los alumnos y nos muestra que es lo que podemos hacer para ayudarlos a ser exitosos. La información que obtengamos de la encuesta es esencial para la ayuda financiera de becas que obtiene la escuela a nivel local y estatal y para la planeación de programas de prevención de lo antes mencionado que sean efectivos en nuestra escuela y comunidad.

La encuesta está disponible para ver en la página [www.kctcdata.org/Documents/ctc_survey .pdf](http://www.kctcdata.org/Documents/ctc_survey.pdf). También les puede interesar saber lo siguiente:

1. Es completamente anónimo. Los alumnos no tendrán que dar su nombre, nadie podrá relacionar al alumno en particular con sus respuestas. El personal de la escuela no podrá tener acceso a las respuestas de los alumnos, solamente el resumen de los resultados. Para garantizar más la anonimidad, los resultados no serán reportados en preguntas en particular que no tengan suficientes respuestas de suficientes alumnos.

2. La participación en la encuesta es totalmente voluntaria. Su hijo/a puede decidir no participar en la encuesta, o puede saltar cualquier pregunta en particular que no quiera o no se sienta cómodo/a en contestar.

3. La participación anual es muy importante. Aunque su hijo/a ya haya participado en una encuesta anteriormente, los datos anuales son extremadamente útiles en la determinación de la efectividad de esfuerzos previos y cambios en áreas de los programas.

Espero de antemano que permita que su hijo/a participe en esta encuesta. Por favor marque la opción apropiada. ***Todos los padres deben firmar y regresar este formulario durante la inscripción.*** Gracias de antemano por su cooperación.

Atentamente,



PRINCIPAL:

Por favor marque opción

- Si, Yo permito** que mi hijo/a participe en la encuesta *Kansas Communities That Care Student Survey*. (*Encuesta Estudiantil de las Comunidades de Kansas que se preocupan*).
- No, Yo no permito** que mi hijo/a participe en la encuesta *Kansas Communities That Care Student Survey*. (*Encuesta Estudiantil de las Comunidades de Kansas que se preocupan*).

Firma de Padre/Tutor

Nombre de Padre/Tutor

Nombre del alumno

Fecha

*La encuesta es proporcionada por el Departamento de Kansas para Adultos Mayores y Personas Discapacitadas Servicios de Salud conductual y administrado por el Centro de Servicios Educativos Kansas Becas y Departamento de Evaluación del Sureste de Kansas.