

FARWELL AREA SCHOOLS Registration Form

Date: _____

Student Name: _____ Gender: M F
(As it appears on birth certificate) Last First Middle

Address: _____ Grade: _____

_____ Birthdate: _____

Birthplace: _____ Enrollment Date: _____
City State/Country (1st day student with be in school)

Military Connection: Does this student have at least one parent who is a member of the Armed Forces on active duty?
___YES ___NO

Race/Ethnicity: Please answer parts A and B. Both must be completed or the US Department of Education requires the school district to supply an answer on your behalf.

Part A:

ETHNICITY: Is this student Hispanic/Latino (choose only one)

___NO, not Hispanic/Latino

___YES, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Part B:

RACE: (choose one or more [use percentages to rank ethnic groups in order])

___American Indian or Alaska Native ___Native Hawaiian or Other Pacific Islander ___White
___Asian ___Black or African American

Language spoken in home: _____ Native language: _____

Residency Information

Is the student a resident of Farwell Area Schools? ___YES ___NO

If not, what district does the student live in? _____

What county does the student live in? _____ Township? _____

Where is the student living now? (check only one box)

- In a one family dwelling
- In a car
- In a shelter
- In a trailer park or campsite
- In a motel or hotel
- With friends/family members (other than parent/guardian)
- With more than one family in a house or apartment
- None of the above _____

If this student is found eligible under the McKinney-Vento Homeless Assistance Act, he/she will be immediately enrolled.

With whom does the student reside: _____
(i.e. Mother & Father, Mother & Step Father, Father & Step Mother, Foster Parents, Grandparents, etc.)

Residency Verification Affidavit:

According to the State Attorney General Opinion No. 5925, school districts have the right to ask new enrollees to prove residency. By signing the affidavit, you are affirming that the address given on all enrollment forms is the legal residence of the parent/guardian enrolling the student and is the residence of the student.

Verification of residency must be made with any **two** of the following (circle):

Driver's license or registration - lease agreement -moving bill - insurance forms - purchase agreement - utility bill - other

Parent Signature Date: _____

Parent/Guardian Information

Head of Household where student resides:

Name: _____ Relationship to Student: _____

(i.e. Father, Mother, Grandparent, etc.)

Date of Birth: _____ Gender: _____ Marital Status: _____
male/female married/divorced/single

Email address: _____

Occupation: _____ Employer's Name: _____

Employer's Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Receive copies of student information (progress reports, report cards, etc.) YES NO

Secondary Head of Household where student resides:

Name: _____ Relationship to Student: _____

(i.e. Father, Mother, Grandparent, etc.)

Date of Birth: _____ Gender: _____ Marital Status: _____
male/female married/divorced/single

Email address: _____

Occupation: _____ Employer's Name: _____

Employer's Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Receive copies of student information (progress reports, report cards, etc.) YES NO

Comments (any other information the office staff should know in case of emergency):

Parent/Guardian Information - leave blank if this page does not apply

Head of Household where student does not reside:

Name: _____ Relationship to Student: _____

(i.e. Father, Mother, Grandparent, etc.)

Date of Birth: _____ Gender: _____ Marital Status: _____
male/female married/divorced/single

Email address: _____

Occupation: _____ Employer's Name: _____

Employer's Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Receive copies of student information (progress reports, report cards, etc.) YES NO

Secondary Head of Household where student does not reside:

Name: _____ Relationship to Student: _____

(i.e. Father, Mother, Grandparent, etc.)

Date of Birth: _____ Gender: _____ Marital Status: _____
male/female married/divorced/single

Email address: _____

Occupation: _____ Employer's Name: _____

Employer's Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Receive copies of student information (progress reports, report cards, etc.) YES NO

Comments (any other information the office staff should know in case of emergency):

****Please provide copy of custody order or any other court documentation restricting contact****

FARWELL AREA SCHOOLS Registration Form

Other children living in household:

Name	Age/Grade	School Attending	Relationship to Student
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Last school attended: _____

Address: _____
Street City State Zip

Last date of attendance at previous school: _____

Special Education Information:

Has your child ever been enrolled in a special education classroom setting? ___ YES ___ NO

If YES, circle all that apply: Special Ed Class Speech OT/PT Social Work 504 Plan Other

Emergency Medical Information

In case my child becomes ill or injured at school, notify _____ (Name of first contact choice)

If I/we cannot be reached, call:

1. _____ Phone: _____

Last First Relationship to student: _____ Release student to contact: ___YES ___NO

2. _____ Phone: _____

Last First Relationship to student: _____ Release student to contact: ___YES ___NO

3. _____ Phone: _____

Last First Relationship to student: _____ Release student to contact: ___YES ___NO

In case of emergency and you cannot be reached, your child will be sent to MidMichigan Regional Medical Center in Clare for medical treatment.

Emergency medical conditions/problems (check all that apply):

- Nothing known, Medical waiver, Rheumatic fever, Cardiac, Hemophiliac, Diabetic, Aspirin allergy, Penicillin allergy, Multiple allergies, Epileptic, Iodine allergy, Special blood condition, Sulfa allergy, Hearing problems, Muscle weakness, Headaches, Allergic to bee stings, Asthma, Nose bleeds, Kidney problems, Attention deficit disorder, Other: _____

Medication child is presently taking during the school day and/or at home:

- 1. _____ 5. _____
2. _____ 6. _____
3. _____
4. _____

Does your child have glasses to be worn in the classroom? ___YES ___NO

Please list any allergies or medical problems that the school should be aware of:

Early Dismissal Information

Should an early dismissal occur, I would like my child to do the following:

- Go home in the normal manner, Stay at school until I pick him/her up, Ride bus _____ to _____ home, Walk to _____ home Address: _____, Other _____

Parent Signature _____ Date: _____

Affirmation of Prior Discipline Record

DIRECTIONS: Check the applicable paragraph, provide all appropriate information, and sign this document.

Paragraph 1:

- The undersigned affirms that _____ has **not** been suspended or expelled from any public or private school in Michigan or any other state for an offense involving weapons, alcohol or drugs, or the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity.

Paragraph 2:

- The undersigned affirms that _____ **has been** suspended or expelled from a public or private school in Michigan or any other state for an offense involving weapons, alcohol or drugs, or the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity.

If you checked paragraph 2, explain the circumstances in detail. Include the school name, dates of suspension or expulsion, and a description of the incident giving rise to the suspension or expulsion.

_____ Date: _____
 Student Signature

_____ Date: _____
 Parent Signature

Name of sending (former) School District: _____

Sending School - please check one

___ According to our records, we can verify that the information provided above by the parent/student **is** correct.

___ According to our records, the information provided above by the parent/student **is not** correct.

If the student has been involved in offenses involving weapons, alcohol or drugs, or willful infliction of injury to persons or act of violence against persons and/or property committed on school premises, at a school sponsored activity, or on a public or private conveyance providing transportation to or from school or a school sponsored activity, please forward appropriate disciplinary documentation.

_____ Date: _____
 Signature of sending district administrator Title

REQUEST FOR SCHOOL RECORDS

Student Name _____ Date of Birth _____ Grade _____

Previous school attended: _____

Address: _____
Street City State Zip

Records requested:

- Student UIC# _____
- Official cumulative file
- Grades to date
- Discipline history
- Attendance to date
- Current grade level _____
- Special Education files and psychological files
- Standardized achievement, intelligence, & aptitude test scores
- Record of extracurricular activities
- McKinney-Vento eligibility

In sending this form, we are requesting information about one of your former students. Before we formally enroll the student, we are requesting that you answer the questions below about the above student.

- Has the above named student been suspended or expelled from your school district? ____YES ____NO
If yes, please explain:

- Is disciplinary action pending against this student? ____YES ____NO
If yes, please explain:

- Was this student in a special education program in your school district? ____YES ____NO
If yes, please give student's current placement: _____

- Student's last date of entry to your school? _____ When was the student's last day of attendance at your school? _____

Parent Release: As a parent or legal guardian for the above named student, I hereby authorize release of all school records to the Farwell Area Schools and request that they be sent to the address below at your earliest convenience.

Parent Signature Date: _____

PLEASE SEND RECORDS TO:

Farwell Elementary School
399 E. Michigan
Farwell, MI 48622
Phone: (989)588-9916
Fax: (989) 588-0158
Farwell Middle School

399 E. Michigan
Farwell, MI 48622
Phone: (989) 588-9915
Fax: (989) 588-3337
Farwell High School
399 E. Michigan

Farwell, MI 48622
Phone: (989) 588-9913
Fax: (989) 588-6041

Transportation Information

If you need transportation for your student, you **MUST** contact the bus garage to set up **PRIOR** to the first day of attendance.

For transportation within the boundaries of Farwell Area School District, please contact:

Deb Schomisch, Transportation Director
(989) 588-9111 (leave message if no answer)
transportation@farwellschools.net
9555 South Old State Rd, Farwell, MI 48622

Bus garage office hours:

School year:

5:30 a.m - 9:30 a.m.

1:00 p.m. - 5:00 p.m.

Summer:

7:00 a.m - 3:00 p.m.

When emailing to request transportation, please provide the following information:

Student name, grade, and address, and how often they will ride the bus.

FARWELL TRANSPORTATION GUIDELINES

- For safety and accountability, we will only allow two stops for a student: one home address and one alternate.
- Any changes to busing (child needs to go to alternate address, etc.) **MUST** be made before 2:00 PM or the student will ride regular route. Please call the bus garage to make changes.
- **Please contact the bus garage at the beginning of EACH school year to update bus information (i.e. student now has driver's license and will no longer need transportation, student now lives at different address, etc.).**
- Out of district students **MUST** be met by an adult at a stop arranged by the transportation department. This stop will be at the closest regular route stop to the student's home. If an adult is not present, our district will not transport the students.

Household Income Eligibility Statement – Child Care Institutions

Part 1 – Households Receiving Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR)

If any member of your household receives FAP, FIP, or FDPIR, provide the name and case number for the person who receives the benefits.

Name: _____ Case Number: _____

Part 2 – Household Information

First and Last Names of All Household Members, Related and Unrelated	Enrolled for Child Care (x)	Age	Birth Date	Foster Child (x)	Amount of Earnings from Work (before deductions)	How Often? (x)					Amount of Welfare, Child Support, or Alimony	How Often? (x)					Amount of All Other Income (Indicate source and amount)	How Often? (x)					Mark if No Income (x)	
						A	M	2	B	W		A	M	2	B	W		A	M	2	B	W		
						nn	on	x	W	ee	nn	on	x	W	ee	nn	on	x	W	ee				

Part 3 – All Households: Signature and Last Four (4) Digits of Adult Social Security Number (Adult household member MUST sign and date)

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will receive federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Signature: _____ Print Name: _____ Date: _____

Last four digits of Social Security Number: XXX-XX-__ __ __ __ ___ I do not have a Social Security Number

For Institution Use Only:

For Institution Use Only			
Total Household Members:	Total Income: \$	<input type="checkbox"/> Annually	<input type="checkbox"/> Bi-Weekly
		<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly
		<input type="checkbox"/> 2x Month	
Institution Official Signature: _____		Approval Date: _____	

APPROVED CATEGORY

Categorical Eligibility (A/Free): Foster FIP FAP FDPIR

Other Household Children: A (Free) B (Reduced) C (Paid)

This form is valid for 12 months from the date of institution signature. Approval date and institution signature are required.

Instructions for Institutions Household Income Eligibility Statement (IES)

Child care institutions claiming Category A (free) or B (reduced) meal/snack reimbursement rates are required to:

1. Distribute the Dear Parent/Guardian letter, Household Income Eligibility Statement, and Instructions for Parent/Guardians to the families of all children enrolled in their facility(s);
2. Review and determine the category for each completed Household Income Eligibility Statement; and
3. Maintain all Household Income Eligibility Statements on file. All Household Income Eligibility Statements collected and categorized by the institution must be retained for three years after the end of the fiscal year to which they pertain, or if an audit is outstanding, until the audit is closed.

The current *Household Income Eligibility Statement* and *Letter to Parent/Guardian* (dated 6/10 in the lower right hand corner) must be used for all children (including foster children) who will be claimed in Categories A (free) or B (reduced) for the period beginning July 1, 2010 until further notice. If you charge separately for meals, use the *Letter to Parent/Guardian* for pricing programs. Discard any blank Household Income Eligibility Statements dated before 6/10.

Before you print...

- insert the name, address and telephone number of the institution at the top of the Letter to Parent/Guardian and the Household Income Eligibility Statement; and
- sign the Dear Parent/Guardian Letter.

Do not make any changes to the letter or IES. Federal regulations and policies require the items and language that are used and prohibit the Category A (free) Income Eligibility Guidelines from being printed on the Parent/Guardian Letter and Household Income Eligibility Statement.

Head Start and Even Start Programs

Head Start and Even Start programs do not need to distribute or collect Household Income Eligibility Statements. Children enrolled in Head Start or Even Start are automatically eligible for the Category A (free) rate of reimbursement without further application. Documentation provided by the Head Start or Even Start Program must be on file that verifies that the child is enrolled in Head Start or Even Start.

At-Risk Afterschool Snack/Supper programs and Emergency Shelters serving homeless children

At-risk afterschool snack/supper programs and emergency shelters serving homeless children do not need to distribute or collect Household Income Eligibility Statements. Children participating in after school programs in at-risk areas or in emergency shelters serving homeless children are automatically eligible for the Category A (free) rate of reimbursement without further application.

How to Determine Eligibility for a Foster Child

A foster child is a ward of the court or welfare agency, placed in residence in a private household. Since the court or agency retains legal responsibility for such a child, the foster home is, in fact, an extension of that agency and the foster child is considered a family of one.

1. Review the Household Income Eligibility Statement for completeness. If an IES is not complete, return it to the foster family to complete. Otherwise, you cannot determine eligibility and the child must be classified as Category C (paid). A complete form for this household must include:

Part 1: The foster child's name, age, birth date, and the child's personal use monthly income. Use a separate application for each foster child.

Funds provided by the welfare agency which are specifically identified by category for personal use of the child for items such as clothing, school fees, and allowances are counted as income. Funds identified for shelter and care, and medical and therapeutic needs are not considered as income for the child. Where welfare funds cannot be identified by category, no portions of the provided funds are considered as income. Funds personally received by the child such as funds received from trust accounts, monies provided by the child's family for personal use, and earnings from full-time and regular part-time employment are to be considered as income for the child. Occasional earnings by the child should not be considered as income.

The foster child is considered a household of one; thus, the foster parent's household size or income is not used to determine eligibility.

Part 2: Not applicable.

Part 3: Not applicable.

Part 4: The signature of an adult member of the foster home; however, a social security number is not needed on the foster child's statement.

2. The person determining the eligibility of the complete Household Income Eligibility Statement must:
 - Compare the child's total income for a family of one to the Income Eligibility Guidelines. This will determine the category of the child.
 - Identify the child's category by circling Category A (free), B (reduced), or C (paid) in the "For Institutions Use Only" section, located at the bottom of the form.
 - Sign and date the form.

How to Determine Eligibility for FAP, FIP, or FDPIR Households

A child who is a member of a household receiving Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) benefits is automatically eligible for Category A (free) meals.

1. Review the Household Income Eligibility Statement for completeness. If an IES is not complete, return it to the family to complete. Otherwise, you cannot determine eligibility and the child must be classified as Category C (paid). A complete form for these households must include:

Part 1: Not applicable.

Part 2: The name(s) of enrolled child(ren), age, birth date, and the FAP, FIP, or FDPIR case number for each enrolled child.

In most cases, children in the same household will have the same FAP, FIP, or FDPIR case number. One case number per household can be listed.

The case number configuration is nine numbers. Case numbers begin with (one) 1 followed by eight numerals. Example: 101234567.

The old case numbers were phased out October 1, 2009. Everyone should have a new case number that begins with one (1) followed by eight numerals.

The number on a household's Electronic Benefit Transfer card for FAP cannot be accepted as a FAP case number. FDPIR numbers may vary according to each tribal organization.

Part 3: This part does not need to be completed for children who have an FAP, FIP, or FDPIR case number.

Part 4: The signature of the adult household member.

2. The person determining the eligibility of the completed Household Income Eligibility Statement must sign, date and circle Category A (free) in the "For Institution Use Only" section, located at the bottom of the form.

How to Determine Eligibility for Non-FAP, Non-FIP, or Non-FDPIR Households

A household not receiving Food Assistance Program (FAP), Family Independence Program (FIP) or Food Distribution Program on Indian Reservations (FDPIR) benefits must report the monthly income (gross) received by each household member, identified by source, such as earnings, wages, welfare, pensions, support payments, unemployment compensation, social security, and other cash income received or withdrawn from any other source, including savings, investments, trust accounts, and other resources. Financial aid for postsecondary education is not considered to be income.

1. Review the Household Income Eligibility Statement for completeness. If an IES is not complete, return it to the family to complete. Otherwise, you cannot determine eligibility and the child must be classified as Category C (paid).
A complete form for these households must include:

Part 1: Not applicable.

Part 2: This part does not need to be completed for households that are reporting income.

Part 3: The names of all household members, their ages, and the enrolled child's birth date. A ✓ should be in the next column for children enrolled in the center for child care.

The monthly income received for each household member identified by source.

Part 4: The signature of an adult household member and the last four digits of his/her social security number or the word "None" if he/she does not possess a social security number.

Help With Income

To determine monthly income:

- If paid every week, multiply the total gross income by 52 and divide by 12.
- If paid every two weeks, multiply the total gross income by 26 and divide by 12.
- If paid once a month, use the total gross income.
- If paid twice a month, multiply the total gross income by 24 and divide by 12.
- If paid once a year, divide the total gross income by 12.

Farmer or Self-Employed: Monthly income is gross farm or business income received in the month prior to application minus farm or business expenses. Gross wages from other jobs or income from other sources must also be listed as income. A loss from self-employment must be listed as zero income and cannot reduce other income.

Seasonal Worker: If you or a member of your household received higher or lower than usual income last month, list the expected average monthly income on the front of this application.

2. The person determining the eligibility of the complete Household Income Eligibility Statement must:
 - Determine the total number of household members and total monthly income. Enter these numbers in the "For Institution Use Only" section at the bottom of the Household Income Eligibility Statement.
 - Compare the total number of household members and the total income from the Household Income Eligibility Statement to the Income Eligibility Guidelines. This will determine the category of the child(ren).

- Identify the category of the child(ren) by circling Category A (free), B (reduced), or C (paid) in the "For Institution Use Only" section, located at the bottom of the form.
- Sign and date the form.

Children who are ineligible, or who have an incomplete or missing Household Income Eligibility Statement, must be claimed in Category C (paid). However, if a complete and correct form showing eligibility for Category A (free) or B (reduced) is collected by the end of the month in which a child is served meals, the child may be claimed in that category for the entire month.

Sponsors/institutions approving eligibility statements with zero income can approve them for 45 days only. After the 45 day timeframe, give the parent another application and/or inquire how the family is meeting household expenses with zero income. Document this follow-up contact. That form is then valid for 12 months from the date signed.

Rev: 02/11

Privacy Act Statement

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 the participant 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 Social Security Number is not required when you apply on behalf of a foster child or you list a Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other FDPIR identifier 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 the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-Discrimination Statement

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) (http://www.ascr.usda.gov/complaint_filing_cust.html) online, 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.