

Pulaski Academy & Central School District

Lura M. Sharp Elementary School

Pulaski Middle-Senior High School

Student Records Release Authorization

Previous School:

Name of School

Phone Number

Address of School

Fax Number

City State Zip

The following student(s) is (are) now enrolling in our school:

Student Name(s)	Grade	Birth Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Would you please send the following records:

- Academic
(report cards/progress reports,
transcript, attendance, discipline)
- Exit Grades
- Science Labs
- NYS Assessments
- Health Records
- Psychological
- Special Education
- Birth Certificate
- Custody Paperwork

Grades K-5 - Forward the records to:
Lura Sharp Elementary School
Attn: Elementary Office
2 Hinman Road
Pulaski, NY 13142
Phone: (315) 298-2412 Fax: (315) 298-7464

Grades 6-12 - Forward the records to:
Pulaski Academy & Central School District
Attn: Laura Nellis, Registrar
4624 Salina Street
Pulaski, NY 13142
Phone: (315) 298-5103 Fax: (315) 298-2371

I am the _____ Parent _____ Legal Guardian _____ D.S.S. Caseworker of the above student(s)

I give my permission to send the above records to Pulaski Academy & Central School District

Date

Signature

PULASKI ACADEMY & CENTRAL SCHOOL DISTRICT

Annual Student Information Verification Form

(To be updated by a Parent or Guardian)

Please review the current information on file for your child. Update and complete all information and sign where appropriate.

Return this document to your child's school as soon as possible.

Legal Name of Pupil: _____
(As appears on birth certificate) Last First Middle

Date of Birth: ____/____/____ Age _____ Gender _____

Student Address: _____ Please check if this address is temporary

Mailing Address: _____
_____ Please check if your student receives special education services

Most recent Legal Custody Papers or Court Order of Protection on file in the district? Yes / No

Contact Information:

The Schooltool Parent Portal provides parents and guardians access to assignments, grades and attendance information. To receive access, you must provide a valid email address and receive mail regarding the child. School Messenger refers to our parent automated phone call and email notification system.

Parent/Guardian: Custody: Yes / No Student lives with: Yes / No
Relationship: Can Pick Up: Yes / No Receives Mailings: Yes / No
First Emergency Contact: Yes / No Receives Email: Yes / No

Address: _____ Mailing Address: _____

Employer _____ Home Phone: _____ Call Order SchoolMessenger
1 2 3 Yes / No
Email: _____ Cell Phone: _____ 1 2 3 Yes / No
Work Phone: _____ 1 2 3 Yes / No

Please provide me with access to the Schooltool Parent Portal for my child? Yes / No

Parent/Guardian: Custody: Yes / No Student lives with: Yes / No
Relationship: Can Pick Up: Yes / No Receives Mailings: Yes / No
First Emergency Contact: Yes / No Receives Email: Yes / No

Address: _____ Mailing Address: _____

Employer _____ Home Phone: _____ Call Order SchoolMessenger
1 2 3 Yes / No
Email: _____ Cell Phone: _____ 1 2 3 Yes / No
Work Phone: _____ 1 2 3 Yes / No

Please provide me with access to the Schooltool Parent Portal for my child? Yes / No

Emergency Contacts / Permission to pick up

The following people may be contacted in an emergency situation if parents/guardian are unavailable, and will have permission to pick up your child if you cannot be reached.

Emergency Contact Name:

Relationship to Student:

Can Pick Up: Yes / No

Address: _____

Home Phone: _____ Call Order SchoolMessenger
1 2 3 Yes / No

Cell Phone: _____ 1 2 3 Yes / No

Work Phone: _____ 1 2 3 Yes / No

Email: _____

Emergency Contact Name:

Relationship to Student:

Can Pick Up: Yes / No

Address: _____

Home Phone: _____ Call Order SchoolMessenger
1 2 3 Yes / No

Cell Phone: _____ 1 2 3 Yes / No

Work Phone: _____ 1 2 3 Yes / No

Email: _____

Permission to pick up:

In addition to emergency contacts, the following people also have permission to pick up my child.

Name: _____ Relationship: _____ Telephone: _____

Name: _____ Relationship: _____ Telephone: _____

ELEMENTARY ONLY

Emergency Closing:

In case school closes early for an **emergency**, (NOT for a scheduled 12:15 dismissal), my child:

_____ is to ride his/her regular PM bus to normal drop-off

_____ is to be transported on Bus # _____ to: Name _____

Address: _____ Telephone: _____

****** Sorry we are UNABLE to make individual calls in the event of emergency dismissal ******

Scheduled 12:15 Dismissals:

For scheduled 12:15 Dismissals, my child:

_____ is to ride his/her regular PM bus to normal drop-off

_____ is to be transported on Bus # _____ to: Name _____

Address: _____ Telephone: _____

****** This is NOT for Emergency dismissals (See Above) ******

Other information

Do you have any children in your household that have not reached school age? Yes / No

<i>Name</i>	<i>Date of Birth</i>	<i>Gender</i>
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

Parental Opt-Out:

_____ I do not want my child's photograph, artwork, or film footage released by Pulaski Academy & Central School District

_____ I do not want my child's directory information released

Paperless Correspondence Opt-In:

_____ I wish to receive my student's progress reports/report cards electronically via Parent Portal.

_____ I have reviewed my email address on this form and verify that it is correct.

Notes:

Affirmation: I, the undersigned, affirm that the above information is true and correct and that I am the custodial parent or legal guardian of the child named above and that I understand that it is my responsibility to notify the school of any changes.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Student Confidential Health Update

Legal Name of Pupil: _____
(As appears on birth certificate) Last First Middle

Date of Birth: ___/___/___ Age _____ Gender _____

Student's Physician: _____ Student's Dentist: _____

May we call a local doctor in an emergency? Yes / No

Please answer YES or NO to each of the following questions about your child:

In the past year:

- | | |
|---|----------|
| 1. Any injuries? | Yes / No |
| 2. Any illness lasting more than one week? | Yes / No |
| 3. Passed out, been knocked out or diagnosed with concussion? | Yes / No |
| 4. Had any fractures or dislocations? | Yes / No |

Medical History:

- | | |
|--|----------|
| 1. Presently receiving medical care for any condition? | Yes / No |
| 2. Had an operation or been hospitalized overnight? | Yes / No |
| 3. Have bleeding tendencies? | Yes / No |
| 4. Have diabetes? | Yes / No |
| 5. Have any hearing difficulty, ear surgery? | Yes / No |
| 6. Have difficulty breathing, tuberculosis, asthma, wheezing? | Yes / No |
| 7. Have any heart disease, heart murmur, heart surgery? | Yes / No |
| 8. Have any convulsive disorder, seizures, epilepsy? | Yes / No |
| 9. Have any kidney disease, absence or loss of kidney or function? | Yes / No |

If you have answered YES to any of the above questions, please explain:

Allergies:

_____ Food _____ Insects _____ Animals _____ Environmental _____ Medication _____ Other

Please state what student is allergic to and how she/he reacts: _____

Does medication need to be available in school for this allergy? Yes / No

If Yes, name of medication: _____

Medicine:

Is your child currently taking any medication? Yes / No

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

If medication needs to be dispensed in school, please complete the **Authorization for administration of medication in school** form found on our website or from the school nurse.

Student Confidential Health Update Continued

Is there anything else concerning the health of your child which the school should know about in order to maintain the health, safety and well-being of your child? _____

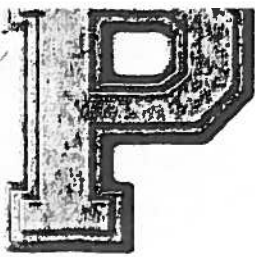
Note: Health information will be shared in confidence with school administration and when appropriate with teachers and staff. Health information will also be shared with emergency response personnel when necessary.

Affirmation: I, the undersigned, affirm that I am the custodial parent or legal guardian of the student named, that the above information is true and correct, and that I understand that it is my responsibility to notify the school of any changes.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date



Dr. Brian K. Hartwell
Superintendent of Schools

Mrs. Kristen A. Foland
Executive Director of Academic and Instructional Excellence

ENROLLMENT FORM – RESIDENCY QUESTIONNAIRE

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

Name of Student: _____
 First Middle Last

Gender: ___ Male ___ Female Date of Birth: _____ Grade: _____

Name of School Building (*circle one*): Lura Sharp Elementary Pulaski Middle School Pulaski High School

New/Current Address: _____

Name of Former LEA/School attended: _____

Former address: _____

Where is the student currently living? (please check one)

___ Permanent housing (own home, rental w/lease)

If any of the below pertain to you, please also complete the attached form – lines 7, 12 & 13.

___ With another family, family member or other person because of loss of housing or as a result of economic hardship (sometimes referred to as “doubled-up”)

___ In a shelter ___ In a hotel/motel ___ In a camper/campground, car, park, bus, or train station

___ Other temporary living situation (please describe): _____

PRINT name of Parent, Guardian or Student

Signature of Parent, Guardian or Student

Signature of LEA Homeless Liaison

Date

Designation of School District of Attendance for a Homeless Child

Submitted by: Local Dept of Social Services (DSS) Designated School District of Attendance (PSD)

PLEASE READ THE INSTRUCTIONS ON THE REVERSE BEFORE COMPLETING THIS FORM

1. NAME OF CHILD
 LAST NAME: _____
 FIRST NAME: _____
 M.I.:

2. DATE OF BIRTH: _____
 MO / DAY / YR

3. GENDER: M F

4. SOCIAL SECURITY NUMBER: _____

5. Racial/Ethnic Category of Child (See definitions on reverse side of last page.)

American Ind or Alaskan Native Asian or Pacific Isl. Black Hispanic White

6. GRADE LEVEL FOR WHICH PLACEMENT IS SOUGHT: _____

7. COMPLETE ADDRESS BEFORE CHILD/FAMILY BECAME HOMELESS

7A. NYS SCHOOL DISTRICT OF ATTENDANCE BEFORE BECOMING HOMELESS

8. COMPLETE ADDRESS OF CURRENT LOCATION

 DATE CHILD/FAMILY PLACED IN TEMPORARY HOUSING
 MONTH DAY YEAR

7B. NYS SCHOOL DISTRICT WHERE LAST ENROLLED

9. DATE DISTRICT OF ATTENDANCE CHOSEN
 MONTH DAY YEAR

8A. NYS SCHOOL DISTRICT OF CURRENT LOCATION

10. DATE PLACED IN PERMANENT HOUSING
 MONTH DAY YEAR

9A. NYS DESIGNATED DISTRICT OF ATTENDANCE

One of four school districts may be chosen to provide the education component: the school district of attendance before becoming homeless, the school district where last enrolled, the school district of current location or a school district participating in a Regional Placement Plan. This designation may be changed either prior to the end of the first semester of attendance or within 60 days of making this designation, whichever occurs later.

11. Check the appropriate box if the designated school district of attendance (9A) is different from the district of attendance before becoming homeless (7A) and from the district of current location (8A).

District participating in a Regional Placement Plan OR District where last enrolled (7B) if it is different from the district where last permanently housed (7A) and the district of current location (8A).

12. NAME OF PARENT OR PERSON IN PARENTAL RELATIONSHIP _____ AREA CODE _____ TELEPHONE NUMBER _____

13. SIGNATURE OF PERSON IN PARENTAL RELATIONSHIP TO CHILD _____ DATE _____
IT HAS BEEN REPORTED TO ME THAT THIS CHILD IS UNDER THE AGE OF 21 YEARS AND IS THEREFORE ELIGIBLE FOR EDUCATIONAL SERVICES. THE CHILD HAS BEEN ADVISED OF HIS/HER RIGHT TO DESIGNATE THE SCHOOL DISTRICT OF ATTENDANCE.

14. PRINT NAME OF LOCAL DSS OR SCHOOL DISTRICT REPRESENTATIVE _____ TITLE _____

15. SIGNATURE OF LOCAL DSS OR SCHOOL DISTRICT REPRESENTATIVE _____ DATE _____

16. PLACEMENT COUNTY _____ AREA CODE _____ TELEPHONE NUMBER _____
Local DSS use only

Pulaski Academy and Central School District
STUDENT RACIAL AND ETHNIC IDENTIFICATION

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.

Name of School:

Student Identification Number: (To be filled in by School)

Date of Birth:

Student Name: Last, First, Middle:

Grade Level:

DIRECTIONS TO PARENT/GUARDIAN:

PLEASE ANSWER QUESTIONS (1) AND (2). PLEASE READ THEM BEFORE YOU RESPOND. For question 1, check the box that best describes your child. Check only one box.

1. Is the student of Hispanic, Latino, or Spanish origin? Of Hispanic, Latino, or Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central/South American, or other Spanish culture or origin, regardless of race.

YES, Hispanic

NO, not Hispanic

2. Select one or more races from the following five racial groups. For question 2 check all the groups that apply to your child; check at least one box.

AMERICAN INDIAN OR ALASKAN NATIVE: A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment

ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

BLACK OR AFRICAN AMERICAN: A person having origins in any of the Black racial groups of Africa.

WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Signature of Parent/Guardian/Other

Date

Relationship to Student (Please check one below)

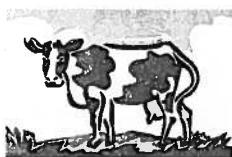
Mother Father Guardian Other (Specify) _____

Eligibility screen for Migrant Education services

*** Migrant Education Program services are free of charge and may include tutoring, assistance with health needs, educational field trips, summer programs, parent involvement activities, adult education, emergency assistance and referrals to other services as needed. ***

Has your family moved to a different school district in the last 3 years? YES _____ NO _____

In the last 3 years has a parent or guardian (or an older child) worked in agricultural activities such as: dairy, planting, picking/harvesting fruits or vegetables, food processing or packaging, logging or tree farming? YES _____ NO _____



If you
YES to
above
family
for



can
BOTH of
questions,
MAY
Migrant



answer
the
your
qualify



Education services. To be contacted by a Migrant Education recruiter, please complete the information below.

Child's name _____ D.O.B. _____ Grade _____

Child's name _____ D.O.B. _____ Grade _____

Child's name _____ D.O.B. _____ Grade _____ Child's

name _____ D.O.B. _____ Grade _____ Parents/

Guardians

Mother's name _____ Father's Name _____

Home Address _____ Home Phone # _____
(Street Address)

_____ Work or Message # _____
(city, town or village) (Zip)

School District _____ School Building _____

School Contact Person _____ Contact Number _____

Other Useful information (directions, farm names, best time to contact, etc.) _____

PULASKI ACADEMY & CENTRAL SCHOOL

STAFF AND STUDENT NETWORK ACCEPTABLE USE POLICY

Please review this entire Acceptable Use Policy carefully before you sign it and return it with your child. It will give both you and your student a clear understanding of how our school's computer network is intended to be used. By adhering to this policy, we can ensure that both Pulaski Academy's network and the Internet are used to their fullest educational potential.

Filtering

Under the Children's Internet Protection Act, which was passed by Congress and signed by President Clinton in December, 2000, all schools which receive an "E-Rate" discount on their internet service are required to meet certain provisions for all computers that have Internet access.

Since September of 1999, Pulaski Academy has had in place filtering software – commonly called a "firewall" – to help guard our students against inappropriate or harmful information. The firewall is configured to block access to inappropriate internet websites. The block is in operation 24 hours a day, 7 days a week, and applies to both students and staff/faculty. Our software is provided by the Sonic Corporation, whose role it is to research websites and determine if the content falls into one of the configured categories. The filter list is automatically updated and downloaded to our firewall. In addition, we are able to add specific domains to the "forbidden" list, and enter keywords to stop searches in particular areas.

Also, we try to limit access to websites that are not educationally based or appropriate for school use, such as games, instant messaging, social networking, and chat services, even though they may not be considered particularly "harmful." In spite of the constant monitoring and updating, it is impossible for the firewall to find and block every harmful website – there are literally millions of them out there.

Monitoring and Education

To keep our students safe, we will also continue to monitor student utilization of the district computers and the Internet, and provide age appropriate online behavior and internet safety education to our students. This education includes safely interacting with other individuals on social networking sites and in chat rooms, as well as cyberbullying awareness and response while utilizing internet resources.

Mobile Devices

Pulaski Academy recognizes that the use of mobile devices in schools are now an integral part of our students' culture and way of life, and can have considerable value, especially playing a significant part in the education of the 21st century student. We further recognizes that the use of mobile devices in schools presents a host of potential problems and disadvantages. The term "mobile device", as used in this policy, covers smart phones, laptop computers, tablet devices such as the iPad or Android devices, e-readers such as Kindle or Nooks, iPod touch devices or any similar mobile electronic device that can access the Pulaski Academy wireless network.

The use of mobile devices at Pulaski Academy is a **privilege** and **not a right**. Any and all network equipment, and all computerized files and data accessed through the Pulaski network are the property of Pulaski Academy. Consequently, no user of the Pulaski Academy wireless or wired network should have any expectation of privacy with respect to any files or data saved on or accessed through the Pulaski network.

The district assumes no liability or responsibility for students that misuse mobile devices while on school property, as well as accepts no financial responsibility for damage, loss or theft of personally owned devices. The use of mobile devices on the district's wireless network should be limited to educational purposes. Any use of a mobile devices that interferes with or disrupts the normal procedures of the network or educational environment is prohibited.

Administration

1. The Superintendent of Schools shall designate a Technology Director to oversee the district's computer network.
2. The Director and his/her designee shall monitor and examine all network activities as deemed appropriate to ensure proper use of the system.
3. He/She shall disseminate and interpret district policy and regulations governing use of the district's network at the building level with all network users.
4. He/She shall provide employee training for proper use of the network and will ensure that staff supervising students using the district's network provide similar training to their students, including copies of district policy and regulations governing use of the district's network.
5. He/She shall ensure that all computers are properly guarded against possible virus/malware/trojan infections by keeping licensed virus protection software installed and up to date.
6. All staff and student agreements to abide by district policy and regulations shall be kept on file in the appropriate building.

System Access

The following individuals may be designated as members with access to the computer network system:

1. Elementary and secondary students may be granted an account for up to one academic year at a time.
2. Teachers and instructional staff members will have individual accounts.
3. Other district employees as deemed necessary.
4. Community members as deemed necessary.

Procedures for Proper Use

1. The district's physical and wireless computers and networks shall be used **only** for educational purposes consistent with the district's mission and goals.
2. Network users will be issued a log-in name and password.
3. The individual in whose name an account is issued is responsible **at all times** for its proper use.
4. This Acceptable Use Policy and all provisions contained also applies to students during school trips, excursions, camps and extra-curricular activities.
5. Network users identifying a security problem on the district's system must notify the appropriate teacher, administrator or computer coordinator. Do not demonstrate the problem to anyone.
6. Student account information will be maintained in accordance with applicable education records laws, and district policy and regulation 5500.
7. Copyrighted material may not be placed on any computer connected to the district's network without the author's permission. Only staff specifically authorized may upload copyrighted material to the network.
8. Faculty/staff network users may download copyrighted material for their own use. Copyrighted material shall be used in accordance with the fair use doctrine and district policy and regulation 8650.
9. Only district-owned instructional materials approved by the District Technology Director or the District Technology Committee may be loaded on the District network and machines.
10. Only staff members of the Technology Department may install software on individual machines.
11. Any network user identified as a security risk, or having a history of violations of district computer use guidelines, may be denied access to the district's network.

Privacy Rights

Users' data files and electronic storage areas shall remain District property, subject to District control and inspection. This includes all archived data and email communications. The Technology Director may inspect a file that contains data that violates district rules, policy or the law, and access **all** files and communications to ensure system integrity, and that users are complying with requirements of this policy and accompanying regulations. **Users should NOT expect that information accessed or stored on the Pulaski Academy network or domain will be private.** Electronic mail and telecommunications are not to be utilized to share confidential information about students or other employees.

Prohibitions

The following is a list of prohibited actions concerning use of the district's computer network. Violation of any of these prohibitions may result in discipline or other appropriate penalty, including detention, suspension or revocation of a user's access to the network.

- **Non-educational use of social networking, all instant messaging, blog sites and chat services are prohibited.**
- **Use of computer access to data other than for educational purposes is prohibited.**
- **Users will not attempt to gain unauthorized access to the network, or go beyond their authorized access.** This includes attempting to log on through another person's account or access another person's files, attempting to obtain passwords, or attempting to remove any existing network security functions. Users will not actively search for security problems, because this will be construed as an illegal attempt to gain access.
- **There must be no sharing of passwords. Attempts to log on to the district's system in the name of another individual, with or without the individual's password, is prohibited.**
- Users must not intentionally develop or use programs to harass other users, or attempt to violate the security or alter software components of any other network, service or system. Examples of such activities include hacking, cracking into, monitoring or using systems without authorization, scanning ports, conducting denial-of-service attacks and distributing viruses or other harmful software.
- Users must not attempt to damage hardware, software or data belonging to the school or other users. This includes adding, altering or deleting files or programs on local or network hard drives and removing or damaging any equipment such as mice, motherboards, speakers, or printers.
- Attempts to read, delete, copy or modify the electronic mail of other system users is prohibited as is deliberate interference with the ability of their system users to send/ receive electronic mail. Forgery or attempted forgery of electronic mail messages is prohibited.
- No personal software or disks may be loaded onto the district's computers and/or network.
- System users shall not encourage the use of tobacco, alcohol or controlled substances or otherwise promote any other activity prohibited by district policy, state or federal law.

2016-17 Application for Free and Reduced Price School Meals/Milk

To apply for free and reduced price meals for your children, read the instructions on the back, complete only one form for your household, sign your name and return it to *Pulaski School District, 2 Hinman Rd. Pulaski, NY 13142*. Call (315) 298-5188, if you need help. Additional names may be listed on a separate paper.

List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	No Income
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. SNAP or TANF Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. Skip to Part 5, and sign the application.

Name: _____ CASE # _____

3. If any child you are applying for is homeless, migrant or a runaway, please call this number: Kristen Foland (315) 298-5188
 Homeless Migrant Runaway *(Homeless Liaison/Migrant Education Coordinator)*

4. Household Gross Income: List all people living in your household, how much and how often they are paid (weekly, every other week, twice per month, monthly). Do not leave income blank. If no income, check box. If you have listed a foster child above, you must report their personal income.

Name of household member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

5. Signature: An adult household member must sign this application and provide the last four digits of their Social Security Number (SS#), or mark the "I do not have a SS# box" before it can be approved.

I certify (promise) that all of the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: _____ Date: _____

Email Address: _____ Last Four Digits of Social Security Number: ***-**-____

I do not have a SS#

Home Phone _____ Work Phone _____ Home Address _____

DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
 Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

- SNAP/TANF/Foster
- Income Household: Total Household Income/How Often: _____ / _____ Household Size: _____
- Free Meals Reduced Price Meals Denied/Paid
- Signature of Reviewing Official _____ Date Notice Sent: _____



NEW STUDENT ATHLETIC PARTICIPATION FORM

Student: _____ Date: _____

Entering Grade: _____ Male/Female _____ Date of Birth: _____ Age _____

Date of last Health Examination (Physical) _____

New Address: _____ Attached documentation

Parents' Name: _____ Telephone: _____

With Whom Are You Living In This District: _____

***** PREVIOUS SCHOOL INFORMATION *****

Previous School: _____

<u>Sports Played in Previous School</u>		<u>Level & Number of Years Played</u>		
Fall	Sport _____	_____ Modified	_____ JV	_____ Varsity
Winter	Sport _____	_____ Modified	_____ JV	_____ Varsity
Spring	Sport _____	_____ Modified	_____ JV	_____ Varsity

Previous Address: _____

With Whom Did You Live: _____

Reason For Leaving Previous School: _____

Were you subject to the APP Process as a 7th or 8th grader? _____ Yes _____ No

***** ACADEMIC INFORMATION *****

Year Entered 9th Grade: _____ Verification: _____

Have You Repeated a Grade in JR High or High School: _____ Yes _____ No
Counselor's Initials _____
If Yes, which grade: _____

Date of the student's registration accepted: _____

Guidance Department should forward this form to the Director of Athletics when student has been accepted for registration. Please list any other high school attended on back.