



ENROLLMENT FORM

Please Print

Student's Name _____ Birthdate ____ / ____ / ____ Phone _____
Last First Initial

Address _____
Number & Street City/Township Zip

City of Birth: _____

Previous address _____
Number & Street City/Township Zip

Is there a custody order currently in place for this child? Yes No **If yes, please provide documentation.**

Is student of Hispanic/Latino descent?(optional) Yes No

Ethnic Group (optional) American Indian/Alaskan Native Asian African American White Native Hawaiian/Pacific Islander

Mother's Name _____ Lives with child? Yes No

Home Phone _____ Work Phone _____ Cell Phone _____

Mother's Occupation _____

Father's Name _____ Lives with child? Yes No

Home Phone _____ Work Phone _____ Cell Phone _____

Father's Occupation _____

If Applicable

Stepmother's Name _____ Lives with child? Yes No

Home Phone _____ Work Phone _____ Cell Phone _____

Stepfather's Name _____ Lives with child? Yes No

Home Phone _____ Work Phone _____ Cell Phone _____

Sibling's Name _____ Age _____ Birthdate _____ Attending which school? _____

Is your child under a long term suspension or expulsion from any previous school? Yes No

Is your child under a suspension or other consequence regarding an athletic code of conduct violation? Yes No

Has your child attended a previous school? Yes No If yes, name of school(s) _____

School Address/Phone _____

Date your child last attended school: _____

Has your child received Special Education or 504 Services? Yes No If yes, services received: _____

PLEASE NOTE: Indicating a language other than English in any of the below questions will result in your child being assessed for an English Language Learner Program.

What language did your child first learn to speak? English Other Language _____

What is the primary language used by **adults** in your home? English Other Language _____

What language does your **child** most often use at home? English Other Language _____

What language does your **child** most often use when speaking outside the home? English Other Language _____

Parent/Guardian Signature _____ Date _____

East China School District Residency Affidavit

Date: _____

Proof of Residency
Two of the following

- **Driver's license**
- **Purchase/Lease Agreement**
- **Utility Bill**
- **Property Tax Bill**

Child/ren reside with:

Please check one: Mother/Father Mother Father Other: _____

Guardian 1 Name: _____ Relationship: _____

Address: _____ City, State, Zip: _____

Home #: _____ Work #: _____ Cell #: _____

Guardian 2 Name: _____ Relationship: _____

Address: _____ City, State, Zip: _____

Home #: _____ Work #: _____ Cell #: _____

I declare that I am in compliance with the State of Michigan General School Laws, which require that students attend school in the district in which they live with their parents or legal guardians and that I have no other residence other than that listed on this affidavit.

In order to affirm my residency in the East China School District I have presented certain documents with my address to school officials. I declare that these documents are true and accurate and further, I am aware that the deliberate falsification of information for school attendance purposes is unlawful. I further understand that if statements made on this affidavit change, I must immediately notify the appropriate East China School District official.

I am also aware of the East China School District policy that if a student is found to have established residency in our district by using false or inaccurate information, the student will be immediately dismissed from school, and the parents of the student will be held liable for all costs incurred while the student was enrolled in the East China School District.

Children	Grade	School(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Print Name: _____
(Parent/Legal Guardian)

Signature: _____
(Parent/Legal Guardian)

**EAST CHINA SCHOOL DISTRICT
Transportation Information
EDULOG ENROLLMENT DATA**

SCHOOL _____

LAST NAME _____ TODAY'S DATE _____

FIRST NAME _____ SEX _____ GRADE _____

HOUSE NO. _____ STREET _____

CITY _____ ZIP _____ DOB _____

DAY PHONE (____) _____ NIGHT PHONE (____) _____

MOTHER'S NAME _____

FATHER'S NAME _____

EMERGENCY PHONE # _____

<input type="checkbox"/>	New Address
<input type="checkbox"/>	Delete from School
<input type="checkbox"/>	Changed Address



Family Access User Agreement Form

Declaration of Parent/Legal Guardian Status and Request for User ID and Password

Each user (parent/legal guardian) must complete his/her own Family Access User Agreement Form as all users have their own individual account.

Due to FERPA (Family Educational Rights and Privacy Act), a student's educational record may only be accessed by a Parent/Legal Guardian. For the purposes of accessing ParentConnection, Parent/Legal Guardian includes both Biological/Adoptive Parent(s) or Court Appointed Legal Guardian(s).

If you are a Legal Guardian, you must provide your court documentation along with this form.

Parent/Guardian Name: _____ Circle Relationship to student **Mother Father Legal Guardian**

Address: _____

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

Home Email: _____

Please list all East China School District students of which you are mother, father, or legal guardian. (List additional students on the back of this form)

Student Name	School	Grade

I certify that I am the biological/adoptive parent or legal guardian of the above named student(s).

Print Name

Signature

Date

Return this form along with required documentation (if any) to the address listed below. Once this form has been processed your Family Access user name and password will be emailed to the account listed above on this form.

East China School District Administration Building
Attn: Dawn Cronce, Personnel Office
1585 Meisner Road
East China, MI 48054
FAX (810) 676-1034

For Office Use Only:
C/E _____
T/D _____
Mailed _____

U.S. DEPARTMENT OF EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON, DC 20202
TITLE VII STUDENT ELIGIBILITY CERTIFICATION
Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. **This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

NAME OF CHILD _____ Date of Birth _____
(As shown on school enrollment records)

School Name _____ Grade _____

NAME OF TRIBE, BAND OR GROUP _____

Tribe, Band or Group is: (check one)

Federally Recognized, Including Alaska Native State Recognized Terminated Organized Indian Group Meeting #5 of the Definition Above

Name of individual with tribal membership: _____

Individual named is (check one): Child Child's Parent Child's Grandparent

Proof of membership, as defined by tribe, band, or group is:

A. Membership or enrollment number (if readily available) _____ OR

Other (explain) _____

Name and address of organization maintaining membership data for the tribe, band or group:

I verify that the information provided above is accurate:

PARENT'S SIGNATURE _____ DATE _____

Mailing Address _____ Telephone _____

Notice: Public Reporting Burden Notice on Reverse Side

**EAST CHINA SCHOOL DISTRICT
REQUEST TO ADMINISTER MEDICATION**

5330 F1

This form must be completed by a parent/guardian and kept in the office. **All medication must be brought to the school by the parent/guardian in the original container.**

Student: _____ Grade: _____ School: _____
 Last First Initial

MEDICATION INFORMATION			
The school district requires this form be completed at the beginning of each school year for each medication prescribed, including over the counter medications. Any changes require new forms.			
MEDICATION INFORMATION			
Name of Medication:	Dosage:	Frequency: (Ex. every 4 hours)	Time(s) Given:
Duration: (all school year, etc.)	<input type="checkbox"/> Prescription <input type="checkbox"/> Non-Prescription	<input type="checkbox"/> Self-Administer and/or Self-Possess (Only if permitted by School Policy) By checking the above box, I represent that the student is capable and responsible to self-possess and/or self administer this medication and that I completed the <i>Request for Self-Possession/Self-Administration of Medication</i> form.	
Instructions:		Amt. Rec'd: _____ Date: _____ Initials: _____	Amt. Discarded: _____ Date: _____ Initials: _____
MEDICATION INFORMATION			
Name of Medication:	Dosage:	Frequency: (Ex. every 4 hours)	Time(s) Given:
Duration: (all school year, etc.)	<input type="checkbox"/> Prescription <input type="checkbox"/> Non-Prescription	<input type="checkbox"/> Self-Administer and/or Self-Possess (Only if permitted by School Policy) By checking the above box, I represent that the student is capable and responsible to self-possess and/or self administer this medication and that I completed the <i>Request for Self-Possession/Self-Administration of Medication</i> form.	
Instructions:		Amt. Rec'd: _____ Date: _____ Initials: _____	Amt. Discarded: _____ Date: _____ Initials: _____
PHYSICIAN INFORMATION			
Attending Physician:	Phone Number:	Physician Signature:	
Address/City/Zip:		Additional Information:	
PARENT/GUARDIAN INFORMATION			
I hereby request that my child receive his/her medication at school. I understand that the medication will be administered in accordance with the above instructions. I have read and agree to the conditions of approval as stated on the back of this form.			
_____ Parent/Guardian Signature	_____ Parent/Guardian (Print)	_____ Date	
Office Use Only			
Principal's Signature: _____		Date: _____	



**EAST CHINA SCHOOL DISTRICT
CONDITIONS OF APPROVAL**

5330 F1/pg 2

Parents/Guardians have the overall responsibility to ensure that the student medication is properly delivered and administered. The parents/guardians are expected to:

1. Annually complete, verify accuracy, and submit to the school office the *Request to Administer Medication* form with the medication.
2. All medication must be in the original container, clearly labeled indicating student name, name of medication, dosage, time to be administered, and route of administration.
3. Ensure adequate medication is available and current. This includes monitoring expiration dates, obtaining medication renewals and refills, and splitting any pills so the prescribed dosage is available for administration.
4. Inform the office in writing of any change in the student's health affecting the administration of medication and/or any changes in the medication or the administration thereof, including the termination or discontinuance of the medication.
5. Unless authorization for self-possession/self-administration or other arrangements have been pre-approved by the principal, deliver student medication to the office, and pick up any expired medication or medication unused at the end of the school year. Any expired medication or medication left at the end of the school year will be discarded. *The student may personally deliver the medication only if he/she is 18 years of age or older. He/she provides advance notification to the office that he/she will be bringing medication to school, and delivers the medication to the office immediately upon arrival to school with the medication.
6. Assist in the development of a self-possession/self-administration plan with the school principal, as appropriate.

* Students who are 18 years of age or older or an emancipated minor have the responsibility of the parents/guardians under this Conditions of Approval.

**EAST CHINA SCHOOL DISTRICT
REQUEST FOR SELF-POSSESSION/SELF-ADMINISTRATION OF MEDICATION**

Special conditions for self-possession/self-administration:

1. The student shall only be allowed to self-possess/self-administer medication as approved by the school principal/designee. The student's parent/guardian shall meet with the school principal or designee to provide and review the instructions of the student's physician and to develop a plan for administration and general supervision of the student's self-possession/self-administration of the medication.
2. The student's parent/guardian shall provide the school with a *Request to Administer Medication* form completed by his/her physician with name of medication, dosage, time to be administered, and route of administration.
3. The student is responsible for the physical possession of the medication. The medication must be maintained at all times, except during proper administration, in the original container labeled with the prescribing physician by the pharmacy.
4. The student shall not convey, transfer or otherwise distribute the medication to other students.
5. The school does not monitor or maintain administration records for the self-possession/self-administration of medication. The parent/guardian/student is expected to follow and monitor the appropriate administration regimen.
6. The school principal or designee may revoke the approval to self-possess or self-administer medication at any time, upon providing advance notification to the student's parent/guardian. Any such revocation for a student who has a Section 504 Plan or an IEP shall be done in compliance with Section 504 of the Rehabilitation Act and the Individuals with Disabilities Education Act (IDEA).

Possible Discipline:

Possessing or taking medication in school without approval; sharing medication with, or distributing medication to another student; or failure to follow these rules and procedures will result in disciplinary action up to, and including, expulsion from school.

I, the undersigned parent/guardian of _____, hereby request the East China School District to permit the above indicated student to self-possess/self-administer medication in the school setting. I have reviewed the above conditions and understand that permission to self-possess/self-administer medication can be revoked by the school principal. I further understand that the District does not monitor or keep logs on the self-administration of student medication. I agree to abide by these conditions and to fulfill my obligations and responsibilities.

The *Request to Administer Medication* form has been accurately completed and filed with the school office.

Parent/Guardian Signature: _____ Date: _____

Parent Name (Print): _____

Office Use Only

Date Received: _____

Approved Not Approved Approved with the following guidelines:

Principal's Signature: _____ Date: _____

Proof of Immunity for Chickenpox Disease

I _____ state that _____ has had
(Parent/Legal Guardian Name) *(Student's Name)*
the chickenpox disease.

Parent/Legal Guardian Signature

Date

Revised: June 2012

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. East China School District offers healthy meals every school day. Students may buy lunch for \$2.35 at the elementary schools and \$2.60 at middle and high schools. All students may buy breakfast for \$1.25. Your children may qualify for free meals or for reduced price meals. Reduced price is \$0.30 for breakfast and \$0.40 for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. 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 Program (FAP)**, **Food Distribution Program on Indian Reservations (FDPIR)** or **Family Independence Program (FIP)**, 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 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.

2. FEDERAL ELIGIBILITY INCOME CHART For School Year 2015-2016

Household size	Yearly	Monthly	Weekly
1	\$21,775	\$1,815	\$419
2	\$29,471	\$2,456	\$567
3	\$37,167	\$3,098	\$715
4	\$44,863	\$3,739	\$863
5	\$52,559	\$4,380	\$1,011
6	\$60,255	\$5,022	\$1,159
7	\$67,951	\$5,663	\$1,307
8	\$75,647	\$6,304	\$1,455
Each additional person:	\$7,696	\$642	\$148

3. 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 Dawn Demick, 810.676.1030, homeless liaison or migrant coordinator.
4. 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: **East China School District, ATTN: Julie Humphrey, 1585 Meisner Road, East China, MI 48054.**
5. 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 Julie Humphrey at 810.676.1112 immediately.

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. You must send in a new application unless the school told you that your child is eligible for the new school year.
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: East China School District, Attn: Dawn Demick, 1585 Meisner Road, East China, Mi, 48054; 810.676.1030.
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, or receive Family Subsistence Supplemental Allowance payments, 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 Julie Humphrey at 810.676.1112 or email jhumphrey@ecsd.us 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 Program (FAP)** or other assistance benefits, contact your local assistance office or call **1-855-275-6424**.

If you have other questions or need help, call Julie Humphrey at 810.676.1112

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

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 [School District]. 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 **[School/school district contact here---phone & email preferred]**.

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 **[school/school system here]**, *regardless of age*.

A) List each child's name. For each child, print their first name, middle initial and last 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.

B) Is the child a student at [name of school/school system here]? Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend **[name of school/school district here]**.

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. **Foster children who live with you may count as members of your household and should be listed on your application.** If you are *only* applying for foster children, after completing STEP 1, skip to STEP 4 of the application and these instructions.

D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section may meet this description, please mark the "Homeless, Migrant, Runaway" box next to the child's name and **complete all steps of the application.**

STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS: SNAP, TANF, OR FDPIR?

If anyone in your household participates in the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP) or **FAP**
- Temporary Assistance for Needy Families (TANF) or **FIP**
- The Food Distribution Program on Indian Reservations (FDPIR)

A) IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:

- **Circle ‘NO’ and skip to STEP 3 on these instructions and STEP 3 on your application.**
- **Leave STEP 2 blank.**

B) IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:

- **Circle ‘YES’ and provide a case number for SNAP, TANF, or FDPIR.** You only need to write **one** case number. If you participate in one of these programs and do not know your case number, contact: [State/local agency contacts here]. You **must** provide a case number on your application if you circled “YES”.
- **Skip to STEP 4.**

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

A) Report all income earned by children. Refer to the chart titled “Sources of Income for Children” in these instructions and report the combined gross income for **ALL** children listed in Step 1 in your household in the box marked “Total Child Income.” Only count foster children’s income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household.

What is Child Income?

Child income is money received from outside your household that is paid **directly** to your children. Many households do not have any child income. Use the chart below to determine if your household has child income to report.

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 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 persons <i>outside</i> the household 	<ul style="list-style-type: none"> • A friend or extended family member <i>regularly</i> 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 income from a private pension fund, annuity, or trust.

FOR EACH ADULT HOUSEHOLD MEMBER:

Who should I list here?

When filling out this section, please include **all** members in your household who are:

- Living with you and share income and expenses, *even if not related and even if they do not receive income of their own.*

Do **not** include people who:

- Live with you but are not supported by your household's income **and** do not contribute income to your household.
- Children and students already listed in Step 1

How do I fill in the income amount and source?

FOR EACH TYPE OF INCOME:

- Use the charts in this section 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 or deductions.
 - 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 be counted as zeroes. If you write ‘0’ or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that your household income was reported incorrectly, your application will be verified for cause.
- Mark how often each type of income is received using the check boxes to the right of each field.

B) List Adult Household member's name. Print the name of each household member in the boxes marked “Names of Adult Household Members (First and Last).” **Do not list any household members you listed in STEP 1.** If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.

C) Report earnings from work. Refer to the chart titled “Sources of Income for Adults” in these instructions and 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.

What if I am self-employed?

If you are self-employed, 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.

D) Report income from Public Assistance/Child Support/Alimony. Refer to the chart titled “Sources of Income for Adults” in these instructions and report all income that applies in the “Public Assistance/Child Support/Alimony” field on the application. Do not report the value of any cash value public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only **court-ordered** payments should be reported here. Informal but regular payments should be reported as “other” income in the next part.

E) Report income from Pensions/Retirement/All other income. Refer to the chart titled “Sources of Income for Adults” in these instructions and report all income that applies in the “Pensions/Retirement/All Other Income” field on the application.

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 determines your income cutoff for free and reduced price meals.

G) Provide the last four digits of your Social Security Number. The household’s primary wage earner or another 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 SS#.”

Sources of Income for Adults		
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All Other Income
<ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) Strike benefits <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (<i>do NOT include combat pay, FSSA or privatized housing allowances</i>) 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 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private Pensions or disability Income from trusts or estates Annuities Investment income Earned interest Rental income <i>Regular</i> cash payments from outside household

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

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.**

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.

B) Sign and print your name. Print your name in the box “Printed name of adult completing the form.” And sign your name in the box “Signature of adult completing the form.”

C) Write Today’s Date. In the space provided, write today’s date in the box.

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.**

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.

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 Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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

Verification

For School Use Only

Date Selected for Verification:	<input type="text"/>	Date Follow-up/Second Notice:	<input type="text"/>	Date of Adverse Notice Sent:	<input type="text"/>
Confirming Officials Signature:	<input type="text"/>	Follow-up Official's Signature:	<input type="text"/>		<input type="text"/>
Response Due from Household:	<input type="text"/>	Verification Official's Signature:	<input type="text"/>		

FAP/FIP/FDPIR/Foster Eligibility		Income			Verification Results		Reason for Eligibility Change	
	Not confirmed	\$ _____		Wage Stubs		Free to Reduced		Income
Confirmed:			Weekly	Written Documents		Free to Paid		Household Size
	Department of Human Services		Every 2 weeks	Collateral Contact		Reduced to Free		Refused to Cooperate
	Notice of Eligibility		Twice a month	Agency Records		Reduced to Paid		Other _____
			Monthly	Other _____		No Change		
			Annual					

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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

Determining Official's Signature: _____ Date: _____ Date Dropped/Withdrawn: _____

East China Kindergarten Child Information Questionnaire

Family Background

Child's Name: _____ Nickname: _____ Birth date _____

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Is there a family history of learning difficulties? _____ What subject areas? _____

Has there been a divorce _____, death _____, or illness _____ in the family that might affect your child?

Social Experiences

Has your child attended preschool? _____ For how long? _____

Which preschool? _____ How many days per week? _____

Does your child play quietly or actively? _____

With whom does your child play? _____

_____ Are the children the same age as your child? _____

Does your child enjoy watching T.V.? _____ How often? _____

What activities does your child enjoy indoors? _____

Do you read to your child? _____ How often? _____

How well is your child able to remember songs and rhymes? _____

Has your child had experience with: paint? crayons? scissors?

Does your child read and write his/her first name? Yes No

Child Development:

Is your child: right-handed? left-handed? undecided?

Is your child currently receiving (or is there a history of) services for speech or language? Yes No

Do you have concerns about your child's progress in speech or language? Yes No

What would you say is your child's strength(s)? _____

What would you say is your child's weakness(es)? _____

When is a good time to meet or reach you by phone?

morning _____ day / time _____ phone number _____

afternoon _____ day / time _____ phone number _____

Name of person completing this form

Relationship to Student

Date

East China School District Transportation Department
Information for Parents of Kindergarteners

As a parent of a kindergarten student, you should be aware of the following information regarding transportation services in the East China School District:

Class Assignment

Your **home school** will mail information regarding your child's class assignment to your home during the **week prior to the first day of school**. Enrollment fluctuations prevent our creating bus runs earlier than this.



Bus Stop and Walk Areas

State Law dictates the requirements for establishing bus stops in the district, and East China School District uses these guidelines when determining our bus stops. While attempts are made to locate stops as close as possible to students' homes, we do not provide pick-up and/or drop-off directly in front of each home.

Students in kindergarten through eighth grade share the same bus and should be at their bus stop ten **(10) minutes** prior to scheduled bus arrival. Student safety walking to the stop, at the bus stop, and when walking home from the bus stop is the responsibility of the parent. If a student resides within an established walk area, transportation to and from school will be the responsibility of the parents. Bus routes will be posted on our district website in August: www.ecsd.us

Alternate Stop Locations

If you have a daycare provider and require a bus stop other than at your home address, please inform the Transportation Department using the attached form. Bus stops are established for the school year and require a forty-eight (48) hour written notice if an alternate stop is requested. We will try to accommodate your request, but cannot make guarantees.

Alternate stops must be in the home school attendance areas and located at a home in which a student of the same program level resides.

Schools of Choice Students

Parents of Schools of Choice students must transport their child to and from school.

Student Behavior

School transportation is considered an extension of the school day. The same rules that govern student behavior and electronic devices in the schools also apply on the bus as well. In order to ensure the safety of all children, it is essential that these rules be followed. Please review with your student the Elementary Student Handbook you will receive in the fall; rules are outlined therein.

We hope this information will assist you in preparing your child for his or her school year. Should you have any questions, please contact the Transportation Department at 810.676.1100.

Immunization Requirements

To Enter School: State law* prohibits a principal or teacher from admitting new entrants to school without a record of having received at least one dose of each: Measles, mumps, rubella, polio, diphtheria, tetanus, pertussis, hepatitis B, and varicella (chickenpox).

To Stay in School: You must provide the school with a record showing that your child has received all the following immunizations:

IMMUNIZATIONS**	AGES 4-6	AGES 7-18
DIPHTHERIA, TETANUS & PERTUSSIS	4 doses DTP or DTaP, one dose must be on or after 4 years of age	4 doses D and T OR 3 doses Td if # 1 given on or after 7 years of age. 1 dose of Tdap for children 11 through 18 years IF 5 years since the last dose of tetanus/diphtheria containing vaccine.
POLIO	4 doses, if dose 3 administered on or after 4 years of age, only 3 doses are required	3 doses
MEASLES,* MUMPS,* RUBELLA*	2 doses on or after 12 months of age	2 doses on or after 12 months of age
HEPATITIS B*	3 doses	3 doses
MENINGOCOCCAL	None	1 dose for children 11-18 years of age
VARICELLA* (CHICKENPOX)***	2 doses of varicella vaccine at or after 12 month of age OR current lab immunity OR reliable history of disease.	2 doses of varicella vaccine at or after 12 months of age OR current lab immunity OR reliable history of disease.

CHILDREN who have not received the required immunizations WILL BE EXCLUDED from school UNTIL parents provide proof that ALL REQUIRED IMMUNIZATIONS have been GIVEN, or have a waiver on file.

* Current laboratory evidence of immunity is acceptable instead of immunization with antigen.

For more information, please refer to www.michigan.gov/immunize

** All doses of vaccines must be given with appropriate spacing between doses and at appropriate ages to be considered valid.

*** Reliable history of chickenpox disease is acceptable in lieu of the vaccine.

**EAST CHINA SCHOOL DISTRICT
Childcare - Alternate Bus Stop
GUIDELINES AND REQUEST FORM**

Unless otherwise approved by the East China School District (the "District") in accordance with these guidelines, the District will provide bus transportation for students to and from school via their regularly assigned bus route and bus stop. Parents may request that their child be dropped off and/or picked up at a location other than his/her regularly assigned bus stop for childcare purposes by completing and submitting this form to the District Transportation Supervisor at least 48 hours in advance. Such requests will be addressed in accordance with the following guidelines:

1. The alternative location must be within the District's boundaries.
2. **The alternative location must be a regularly established bus stop on a regularly established bus run for the student's school of attendance. If the childcare site is not located at a regularly established bus stop, the District may agree to pick up and/or drop off the child at the nearest regularly scheduled bus stop. In such case, the parents are responsible to arrange for adult transportation for the child to and from the alternative stop.**
3. The alternative location must be the designated stop for the **ENTIRE WEEK**.
4. Accommodation of the request must not cause the bus to exceed the mandated or District established vehicle capacity.

A parent requesting an alternative bus stop MUST complete and return this form.

- 1) Student's name: _____ Grade: _____
- 2) School of enrollment: _____
- 3) Location of regularly assigned bus stop: _____
- 4) Name of childcare site: _____ Phone: _____
- 5) Address of childcare site: _____
- 6) Time(s) for alternate bus stop a.m. and/or p.m. (check one or both)
- 7) Dates for alternate bus stop _____ Until further notified or for the following dates:

I have read this form and understand that, if approved, my child will be picked up and/or dropped off at the above specified location in accordance with the above request and guidelines.

Parent or guardian signature

Date

To be completed and initialed by the Director of Transportation

Date and time received: _____ Approved: _____