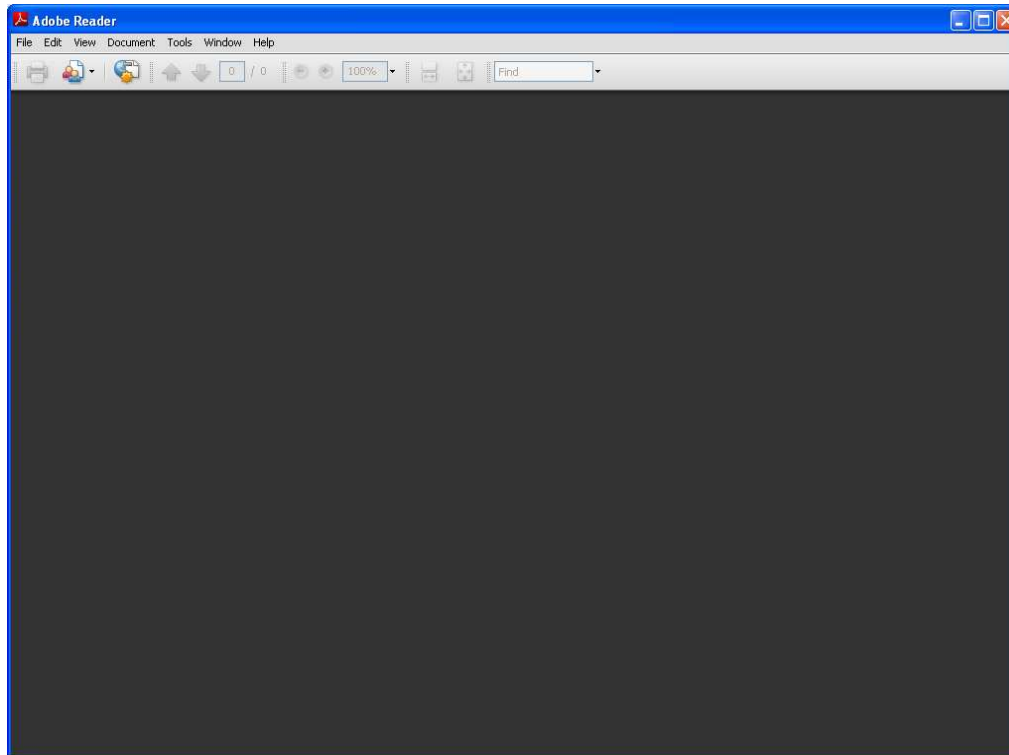


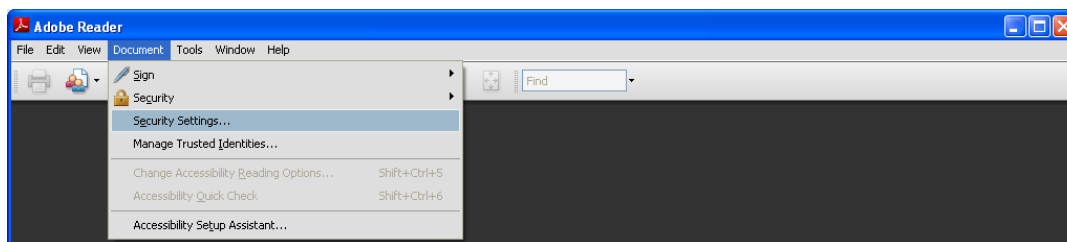
## Creating a Digital Signature in Adobe Reader 8.0 or higher

First open Adobe Reader, a shortcut may be located on the Windows Desktop or found under the Start Menu>All Programs>Adobe Reader X.

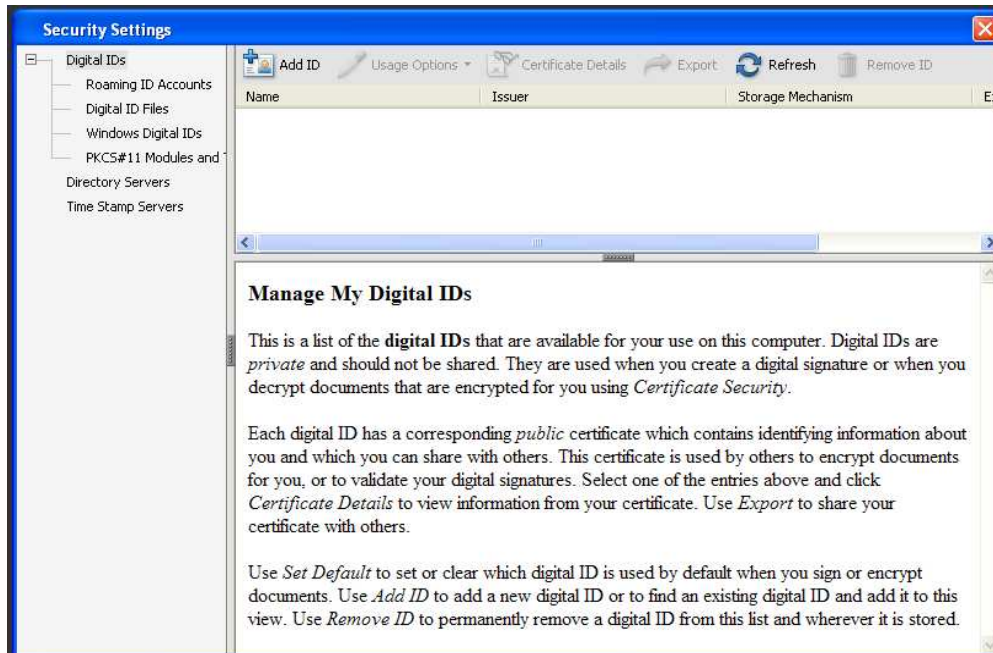
If Adobe Reader is not installed on the computer it can be downloaded from Adobe's Website or by following this link: <http://get.adobe.com/reader/>



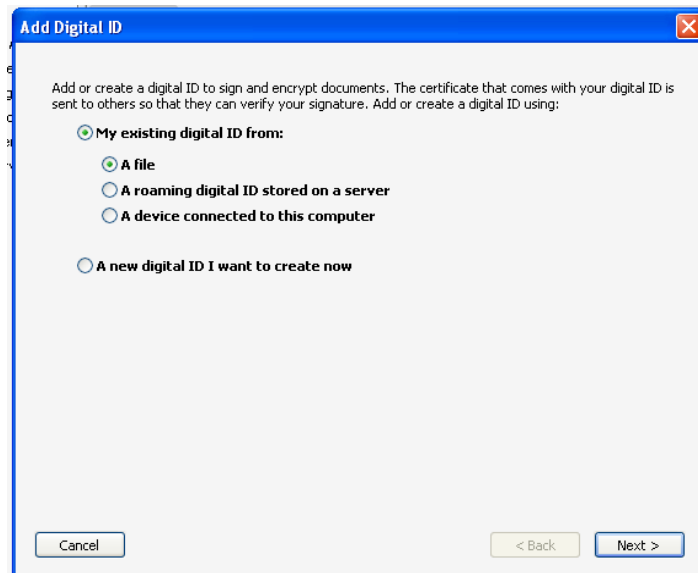
Click on *Document* tab and select *Security Settings*



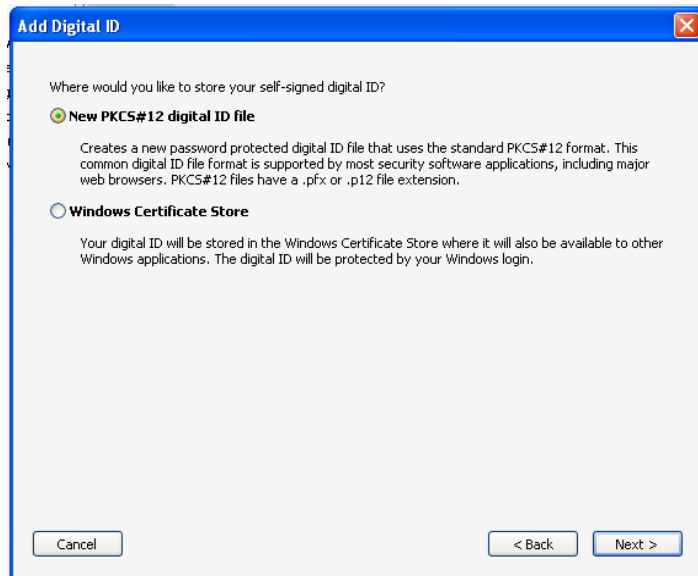
This opens the Security Settings window



Click on *Add ID*, this opens the *Add Digital ID* window



Click on *A new digital ID I want to create now*



Select the appropriate storage/security option, the Digital ID will either be protected by your Windows login or by a user assigned password.

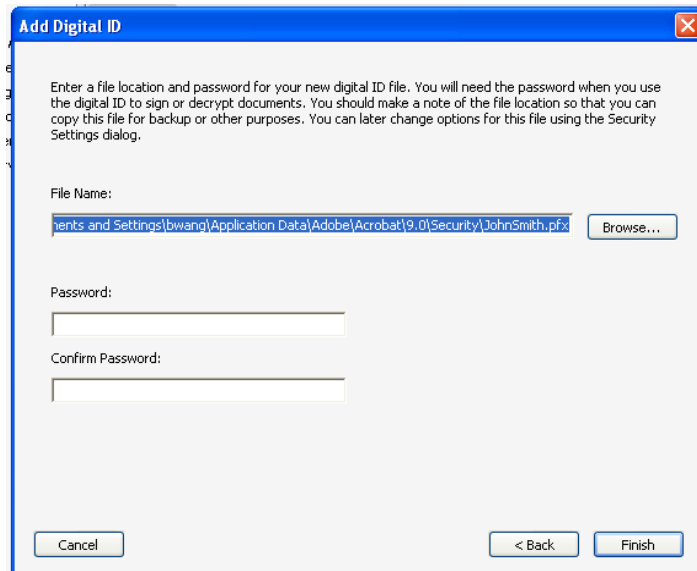
Select ***New PKCS#12 digital ID file***, if not selected and click *Next*.

Fill in your information, click on Next when finish.

Organizational Unit: New York City College of Technology

Organization Name: please enter School/Department/Program name, i.e. Evening and Summer Sessions.

Email Address: enter CityTech provided email address



**Add Digital ID**

Enter a file location and password for your new digital ID file. You will need the password when you use the digital ID to sign or decrypt documents. You should make a note of the file location so that you can copy this file for backup or other purposes. You can later change options for this file using the Security Settings dialog.

File Name:

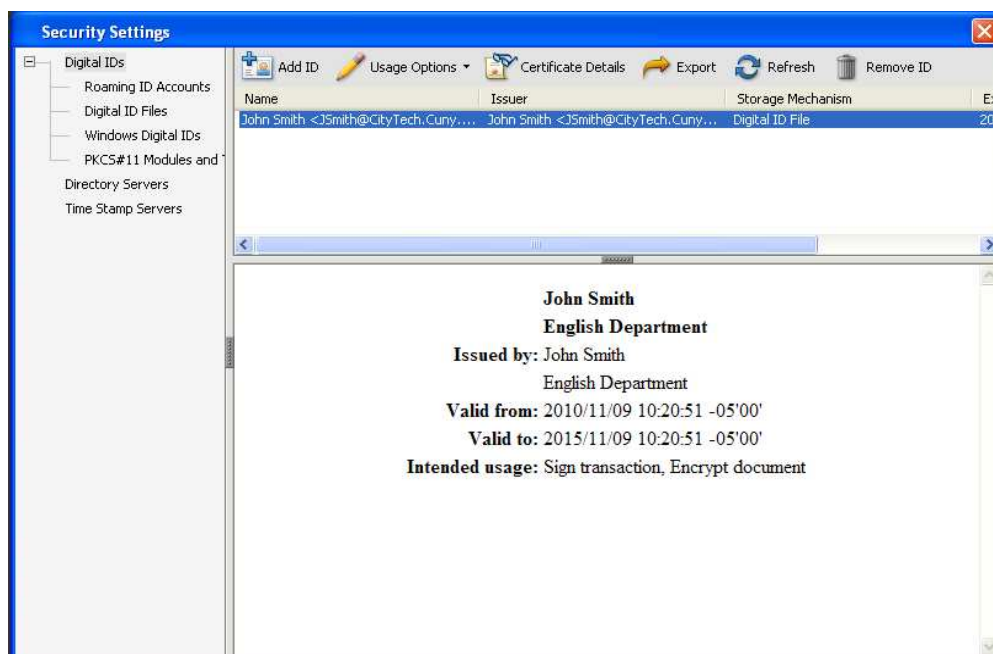
Password:

Confirm Password:

Assign a password to the Digital ID, this should not be shared with any other personnel and is used solely by the designated individual for signing Adobe PDF documents. Passwords must be six characters in length.

By default the Digital ID is stored under the user's specific Adobe Reader settings. It is advisable that the Digital ID be stored on the user's H Drive.

Click Finish, when complete.



Your digital ID (digital signature) appears, which can be used to sign or encrypt documents.

## Signing an Adobe Document

Open the Adobe PDF Document to be signed

PN60rev\_2.pdf - Adobe Reader

File Edit View Document Tools Window Help

1 / 1 51.6% Sign Find

Please fill out the following form. You can save data typed into this form. Highlight Fields

**NEW YORK CITY COLLEGE OF TECHNOLOGY REQUEST FOR USE OF FACILITIES PN-60**

Name of Organization, Department or Group \_\_\_\_\_ Date of Event \_\_\_\_\_

Description of Event \_\_\_\_\_

Address/Room No. \_\_\_\_\_ Event Coordinator \_\_\_\_\_ Telephone/Etc \_\_\_\_\_

Total Utilization Time (Please indicate AM or PM):  
Setup Starts: \_\_\_\_\_ Program Begins: \_\_\_\_\_ Program Ends: \_\_\_\_\_ Cleanup Ends: \_\_\_\_\_

Total Occupancy: \_\_\_\_\_ Will you be serving refreshments? ☐ Yes ☐ No

\*Refreshments Must be Requested on Separate PN-60 Form

Will Admissions be charged? ☐ Yes Amount: \$ \_\_\_\_\_ Medium number of tickets to be sold: \_\_\_\_\_ Will Tickets be sold at the door? ☐ Yes ☐ No

Legend: ☐ Tuition ☐ Fees/Release ☐ Flyer ☐ CUNY event calendar ☐ Info System ☐ Initiation Only ☐ CUNY ☐ Outside Community ☐

Event is Open to: ☐ Specific class(es) ☐ NYCCCT Students ☐ NYCCCT Faculty & Staff ☐ CUNY ☐ Outside Community ☐

FACILITIES TO BE USED: *To make multiple selections, hold the Ctrl key + Left Mouse Button*  
Classroom(s) \_\_\_\_\_

VOORHEES HALL	AUTRICHO	ATLANTIC	NOHAM	OTHER Specify _____
Auditorium 2nd Floor Cafeteria Lounge by 2nd floor by TLC	Auditorium 2nd Floor Cafeteria Lounge by 2nd floor by TLC	Auditorium 2nd Floor Cafeteria Lounge by 2nd floor by TLC	Cafeteria 2nd Floor Lounge by 2nd floor by TLC	

Additional Information \_\_\_\_\_

Special Request - additional request should also go to ITMS (5140) \_\_\_\_\_

Signature \_\_\_\_\_ Email Address \_\_\_\_\_ Date \_\_\_\_\_

Director of Student Life & Development (Club Events)

Instructional Operations/Facilities Coordinator

Director of Public Safety

Senior Director of Facilities & Operations

Reference (Official Use Only) \_\_\_\_\_

NOTE: FINAL COMMITMENT FOR PROPOSED ACTIVITY SHOULD NOT BE MADE BY SPONSORING GROUP UNTIL RECEIPT OF APPROVED COPY OF THIS FORM. THE COLLEGE RESERVES THE RIGHT TO CANCEL ANY EVENT WITHIN 24 HOURS FOR ANY REASON WITHOUT PROVIDING COMPENSATION. FINAL APPROVAL IS BASED ON CONDITION THAT INSURANCE REQUIREMENTS OF THE COLLEGE ARE MET.

\*\*\*REQUEST MUST BE APPROVED AT LEAST 21 DAYS PRIOR TO THE PROPOSED SCHEDULED TIME OF EVENT\*\*\*  
A SEPARATE PN-60 MUST BE COMPLETED FOR EACH DATE. ONLY ONE DATE CAN BE LISTED

Click on the “sign here” box, next to where your signature would go.

Director of Student Life & Development (Club Events)

This opens the *Sign Document* window



If more than one Digital ID exists on this computer, and Signers name does not appear in the Sign As block, click on the Drop Down menu to select the appropriate signee.

Enter the signing password and click on Sign. When prompted Save the PDF document. Place the document in a location that you will remember and is easily accessible. This PDF document will need to be attached to an email and forwarded to the next intended signee according to the workflow.

PN60rev\_23.pdf - Adobe Reader

File Edit View Document Tools Window Help

Signed and all signatures are valid. Please fill out the following form. You can save data typed into this form.

by quadr entrance  
by elevators

Additional Information

Special Request - audiovisual request should also go to ITMS x5140

Submitter	Email Address	Date
Director of Student Life & Development (Club Events)	John Smith	Digitally signed by John Smith DN: cn=John Smith, o=English Department, ou=New York City College of Technology, email=JSmith@CityTech.Cuny.Edu, c=US Date: 2010.11.09 10:31:28 -05'00'
Instructional Operations/Facilities Coordinator		
Director of Public Safety		
Senior Director of Facilities & Operations		

Reference (Official Use Only)

NOTE: FINAL COMMITMENT FOR PROPOSED ACTIVITY SHOULD NOT BE MADE BY SPONSORING GROUP UNTIL RECEIPT OF APPROVED COPY OF THIS FORM. THE COLLEGE RESERVES THE RIGHTS TO CANCEL ANY EVENT WITHIN 24 HOURS FOR ANY REASON WITHOUT PROVIDING COMPENSATION. FINAL APPROVAL IS BASED ON CONDITION THAT INSURANCE REQUIREMENTS OF THE COLLEGE ARE MET.

\*\*\*\*REQUEST MUST BE APPROVED AT LEAST 21 DAYS PRIOR TO THE PROPOSED SCHEDULED TIME OF EVENT\*\*\*\*  
A SEPARATE PN-60 MUST BE COMPLETED FOR EACH DATE. ONLY ONE DATE CAN BE LISTED

# ***2012-2013 School Year Willowcreek Middle School New Student Registration***

## ***Packet Includes....***

Registration Form, Permission to Access the Internet, Health & Emergency Sheet, Request for Student Records & Free or Reduced Lunch Application.

## ***You must have the following documents to register a new student...***

The following information is required by law in order to enroll a new student. If any of these items are missing, we will not be able to complete the registration process.

***Withdrawal Form/Transcript/Report Card*** from previous school.

***Registration form*** signed by Custodial guardian.

***Custodial Guardianship*** form showing proof. A copy of the ***Divorce Agreement*** is required to establish physical and custodial rights (if this applies to you). If student is not living with the custodial guardian, you must complete Power of Attorney or meet with Student Services at Alpine School District Offices.

***Birth Certificate*** original to be copied. We can no longer accept the wallet size birth certificates.

***Immunization Records*** you must have current TD booster, 3 Hepatitis B and 1 Varicella (Chickenpox) and 2 Hepatitis A vaccines for all new students. If shots are needed, contact the Public Health Department.

***Proof of Residency*** you need one of the following: Utility bill, lease agreement, or a purchase agreement. A notarized letter is required if you are living with another family.

***Special Education*** If your student has been serviced in Special Education classes, you will need to contact the previous school to obtain a current copy of the IEP. An appointment will need to be made with our Special Education Dept prior to classes being scheduled.

Willowcreek Middle .....	Counseling Office/Mrs. Makin-Registrar.....	766-5273
Willowcreek Middle.....	Fax number.....	766-5168
District Office.....	575 N. 100 E., American Fork.....	756-8400
Student Services.....	Debbie Hale , Room 240.....	756-8486
Health Dept.....	151 N University Ave, Provo.....	370-8700
Bus Information.....	Transportation Office.....	763-7072

Date: \_\_\_\_\_

Student Name \_\_\_\_\_  
 Last First Middle Known as:

Sex:    Male    Female    Grade \_\_\_\_\_ Social Security # \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ (optional)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace: \_\_\_\_\_ (City) \_\_\_\_\_ (State)

School last attended \_\_\_\_\_ Address \_\_\_\_\_  
City State Zip

Home Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of Parent or Legal Guardian \_\_\_\_\_

Last	First	Middle

Email Address \_\_\_\_\_ (Providing an email address grants permission for ASD to contact via email)

Student Home Address \_\_\_\_\_

Address City Zip

Mailing Address (if different) \_\_\_\_\_

Address City Zip

Has your child ever attended school in Alpine School District? \_\_\_\_\_Yes \_\_\_\_\_No

Student transferred from:    Within the district    Out of District    Out of State    Out of Country \*\*

\*\* If out of Country, write country \_\_\_\_\_ Entry date into USA \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Lives With---	<b><u>Write Name(s)</u></b>	Foster	Step	Home Phone No.	Work Phone No.
Father					
Mother					
Guardian					
Other					

1. ☐ **Yes** ☐ **No** Has your child been living in the US for the last 3 years?
2. ☐ **Yes** ☐ **No** Has your child been attending school in the US for the last 3 years?
3. ☐ **Yes** ☐ **No** Do you have legal custody of the child you are registering?
4. ☐ **Yes** ☐ **No** Is the child you are registering a foster child/ward of the court?
5. ☐ **Yes** ☐ **No** Does student have an Individualized Education Plan or is he/she receiving Special Education Services?
6. ☐ **Yes** ☐ **No** Are you living with friends or relatives?
7. ☐ **Yes** ☐ **No** Has your child ever been suspended/expelled from school?
8. ☐ **Yes** ☐ **No** Is the primary language spoken in the home English? If no, what language is spoken? \_\_\_\_\_

Who speaks the non-English language? \_\_\_\_\_

*I hereby certify that the information is true and correct to the best of my knowledge. Any falsification of the information above may result in the cancellation of the transfer or opportunity to attend school in Alpine School District.*

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

**FOR OFFICE USE ONLY:** Teacher \_\_\_\_\_ Student # \_\_\_\_\_ Track \_\_\_\_\_

Date enrolled\_\_\_\_/\_\_\_\_/\_\_\_\_ Start Date\_\_\_\_/\_\_\_\_/\_\_\_\_ Enrollment Code\_\_\_\_\_

**Pre-Registration** ✓ **List:** Immun. Complete In Process Incomplete / TB Y or N / Birth Certificate / Legal Docs / Proof of Residency / Sent for Records / Received Records/ Note: \_\_\_\_\_

### Post-Registration ✓ List:



Federal legislation is now requiring more detailed reporting for student ethnicity and race. As a result, Alpine School District asks that you help us comply with this legislation by answering the following questions.

**Ethnicity:** Is this student 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.)
- ☐ No, not Hispanic/Latino

The question above relates to ethnicity, not race. Please mark one or more boxes to indicate your student's race.

**Race:** What is your student's race? (Choose one or more)

- ☐ American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains 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.)
- ☐ Black or African American (A person having origins in any of the black racial groups of Africa.)
- ☐ Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- ☐ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)
- ☐ I understand that the district is required to report the above information for all students, but I refuse to declare a race. I understand that district personnel will do their best to determine my child's race and report that determination.

**ALPINE SCHOOL DISTRICT  
GUARDIANSHIP STATUS**

**Under Utah Law 53A-2-202, a child is eligible to attend school if their parent or legal guardian resides within the school's boundaries. If the school is a closed school, exceptions may only be granted by applying through the "Out of Area Committee" at the Student Services Department in the District Office.**

Please read carefully and select the statement below which best describes your relationship to the student whom you wish to register at this school. A separate form must be completed for each child you are registering.

Student's Name: \_\_\_\_\_ (Birth Certificate Name)

1. \_\_\_\_\_ I am a foster parent or proctor parent.
2. \_\_\_\_\_ I am the parent (birth or adopted) of this child and am not currently married to other parent, but I have been awarded Physical Legal Custody through the court.\*
3. \_\_\_\_\_ I am not the parent (birth or adopted) of this child. I am a relative or friend.  
(Please choose one of the following)
  - a. \_\_\_\_\_ I have been awarded legal guardianship of this child through the court. \*\*
  - b. \_\_\_\_\_ I have not been awarded legal guardianship of this child through the court.
4. \_\_\_\_\_ The above named child lives with both parents and I am the parent (birth or adopted) of this child.
5. \_\_\_\_\_ None of the above statements describe my relationship to this child. (Please describe your relationship to this child)

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

Your Name: \_\_\_\_\_  
(Please print)

Your Signature: \_\_\_\_\_ Date \_\_\_\_\_

***(By signing this document, I attest that the above information is true and correct. I acknowledge that any falsification of information makes me subject to penalty of law).***

\* To assist us in complying with court orders, you **must** provide us with a copy of the most recent **legal court documents before your student can enroll in school.**

\*\* Verification of court order or DCFS placement must be provided prior to child being enrolled.



# UTAH SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent school record (cumulative folder) as defined in Section 53A-11-304 of the Utah Statutory Code and shall transfer with the student's school record to any new school. The Utah Department of Health and local health departments shall have access to this record. This immunization record may be entered into the Utah Statewide Immunization Information System (USIIS).

## Student Information

Student Name \_\_\_\_\_ Gender ☐ Male ☐ Female Date of Birth \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

## Vaccine Information

VACCINE	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
<b>DTP, DTaP, DT, Td, Tdap</b> (D-Diphtheria, T-Tetanus, P-Pertussis, aP-acellular Pertussis)					
<b>Tdap or Td Booster</b>				Tdap is preferred for the 7 <sup>th</sup> grade requirement, but Td is acceptable.	
<b>Polio</b>					
<b>Haemophilus Influenzae b (Hib)</b>					
<b>Pneumococcal</b>					
<b>Measles, Mumps, and Rubella (MMR)*</b> 1 <sup>st</sup> dose must be received on or after the 1 <sup>st</sup> birthday					
<b>Measles</b> (Rubeola, 10 day, red measles)**					
<b>Mumps**</b>					
<b>Rubella</b> (German measles, 3 day measles)**					
<b>Hepatitis B (HBV)</b>					
<b>Varicella (Chickenpox)</b> 1 <sup>st</sup> dose must be received on or after the 1 <sup>st</sup> birthday.					
<b>Hepatitis A (HAV)</b> Must be received on or after the 1 <sup>st</sup> birthday.					

SCHOOL AND EARLY CHILDHOOD PROGRAM USE ONLY:

1. ALL REQUIREMENTS MET date: \_\_\_\_\_  
☐ Adequately Immunized  
Or Exemption was granted for:  
☐ Medical (Expires\* on: \_\_\_\_\_)  
☐ Religious  
☐ Personal

2. Conditional Admission date: \_\_\_\_\_

3. Not-in-Compliance date: \_\_\_\_\_

\*If exemption is temporary, student is conditionally admitted; enter date in (2) and leave (1) blank.

Disease Verification:

My child has history of the chickenpox disease, and therefore, does not need the Varicella vaccine.

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

Age of child at time of disease: \_\_\_\_\_

Utah Department of Health  
Division of Community and Family  
Health Services  
Immunization Program 04/09

[www.immunize-utah.org](http://www.immunize-utah.org)  
(801)-538-9450

Record Source: ☐ Physician ☐ Registered Nurse ☐ Health Dept.

I have reviewed the records available and to the best of my knowledge, this student has received the above immunizations

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_

**INSTRUCTIONS:** This form must be completed for enrollment in schools and early childhood programs.

**Student Information:** Fill in (print or type) student's name, gender, and date of birth, and name of parent/guardian.

**Vaccine Information:**

- a. The minimum required immunizations for *school* entry include (see interval table in the Immunization Guidebook for required spacing of doses):
  - 5 doses of DTap/DTP/dTdap – 4 doses are acceptable, if the 4<sup>th</sup> dose was given after the 4<sup>th</sup> birthday; 3 doses of Td are required, if started after age 7 years.
  - 1 booster dose of Tdap or Td – required for students born after July 1, 1993, prior to 7<sup>th</sup> grade entry.
  - 4 doses of Polio – 3 doses are acceptable, if the 3<sup>rd</sup> dose was given after the 4<sup>th</sup> birthday.
  - 2 doses of Measles – required for all students kindergarten through grade 12. The 1<sup>st</sup> dose of measles containing vaccine must be given on or after the 1<sup>st</sup> birthday.
  - 2 doses of Mumps – required for all students kindergarten through grade 12. The 1<sup>st</sup> dose of mumps containing vaccine must be given on or after the 1<sup>st</sup> birthday.
  - 2 doses of Rubella – required for all students kindergarten through grade 12. The 1<sup>st</sup> dose of rubella containing vaccine must be given on or after the 1<sup>st</sup> birthday.
  - 3 doses of Hepatitis B – required for students born after July 1, 1993, prior to entering kindergarten. Required for students born after July 1, 1993, prior to 7<sup>th</sup> grade entry.
  - 1 dose of Varicella (chickenpox) – required for students born after July 1, 1996, prior to entering kindergarten. Required for students born after July 1, 1993, prior to 7<sup>th</sup> grade entry. The 1<sup>st</sup> dose must be given on or after the 1<sup>st</sup> birthday. Parental history of the disease is acceptable. Parent/guardian must sign on reverse side verifying history of chickenpox disease.
  - 2 doses of Hepatitis A – required for students born after July 1, 1996, prior to entering kindergarten. The 1<sup>st</sup> dose of Hepatitis A must be given on or after the 1<sup>st</sup> birthday.
- b: Children enrolled in *Early Childhood Programs* must be immunized appropriately for their age for the following antigens:  
Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, Haemophilus Influenzae type b (Hib), Hepatitis A, Hepatitis B, Pneumococcal, and Varicella.
- c. Written proof is required to verify the student's immunizations. Any immunization record provided by a licensed physician, registered nurse, or public health official will be acceptable as written proof required to verify the student's immunizations.
- d. Transcribe the month, day, and year of each immunization received by the student into the appropriate box.

**Record Source:** Indicate source of original records.

**Authorized Signature:** This is the signature of the school or health personnel who verified the USIR against the source records.

**School and Early Childhood Program Use Only:**

1. ALL REQUIREMENTS MET: Requirements are met by either up-to-date immunizations on the first day of school or by obtaining a religious, personal, or permanent medical exemption. If all immunizations are up-to-date, enter the date for ALL REQUIREMENTS MET and check the box for "Adequately Immunized." If the student has an exemption, check the box for the type of exemption, enter the date for ALL REQUIREMENTS MET, and follow the Exemption Procedures. If the medical exemption is permanent, enter NA for expiry date. If the medical exemption is temporary, follow the instructions for CONDITIONAL ADMISSION and do not enter an ALL REQUIREMENTS MET date.

**Exemption Procedures:**

**MEDICAL EXEMPTION:** If a medical exemption is claimed, a Medical Exemption Form must be completed and signed by the student's licensed physician (Utah Statutory Code – Section 53A-11-302). The Medical Exemption Form may be obtained from the student's physician. It must indicate whether the exemption is for one or all immunizations. The WHITE and YELLOW copies will be given to the parent/guardian. The parent/guardian will present the WHITE copy to the school or early childhood program official. The WHITE copy must be attached to this record. The YELLOW copy is for the parent/guardian. The PINK copy will remain in the child's medical record.

**RELIGIOUS EXEMPTION:** If a religious exemption is claimed, a Religious Exemption Form must be completed and signed by the parent/guardian. The Religious Exemption Form may be obtained from a local health department. A local health department representative must witness and sign the Religious Exemption Form giving the WHITE and YELLOW copies to the parent/guardian. The parent/guardian will present the WHITE copy to the school or early childhood program official. The WHITE copy must be attached to this record. The YELLOW copy is for the parent/guardian. The PINK copy will remain with the local health department.

**PERSONAL EXEMPTION:** If a personal exemption is claimed, a Personal Exemption Form must be completed and signed by the parent/guardian. The Personal Exemption Form may be obtained from a local health department. A local health department representative must witness and sign the Personal Exemption Form giving the WHITE and YELLOW copies to the parent/guardian. The parent/guardian will present the WHITE copy to the school or early childhood program official. The WHITE copy must be attached to this record. The YELLOW copy is for the parent/guardian. The PINK copy will remain with the local health department.

2. CONDITIONAL ADMISSION: If all requirements have not been met, but the student has received at least one dose of each required vaccine, enter "Conditional Admission" date and explain the process of completing the required immunizations to the parent/guardian. If a student has a temporary medical exemption they are eligible for CONDITIONAL ADMISSION. Enter the exemption expiry date and enter "Conditional Admission" date. Upon expiration of temporary status, immunizations will be required.
3. NOT-IN-COMPLIANCE: On the first day of school, if all requirements have not been met and the student is more than one month past due for any immunization, the student is Not-in-Compliance and must be excluded from school. Enter the "Not-in-Compliance" date. If the student subsequently completes all required immunizations, status can be changed to ALL REQUIREMENTS MET. Enter the date and check the box for "Adequately Immunized" and cross through the "Not-in-Compliance" date.

**Disease Verification:** Parent/guardian must sign on reverse side verifying history of chickenpox disease.

---

Parent's Last Name

---

Student's Last Name

---

Home Address

---

City

---

Home Phone

Alpine School District  
EMERGENCY & RELEASE INFORMATION

Occasionally a student may become ill or have an accident while at school. This may necessitate contacting the guardian or seeking medical attention for the student. The information you provide below will allow us to care for your child in case of an emergency. **Registration is not complete without this signed form.** *List your students attending this school, oldest first.*

**Student Information**

<i>Last Name</i>	<i>First Name</i>	<i>M/F</i>	<i>Grade</i>	<i>Teacher</i>	<i>Birth Date</i>	<i>List any Health Problems</i>

Alpine School District requires a **legal guardian or a person authorized by the guardian** to sign for your student to be released from school during the day. Please include individuals you authorize to pick up your child from school when you cannot be contacted. If someone who is not listed below comes to check out your student, **we will not** be able to release them. *Non-custodial parent's name must be written below for non-custodial parent to check this student out.*

**Parent Information**

<i>Name (please print name)</i>	<i>Employer</i>	<i>Work Phone</i>	<i>Cell Phone</i>	<i>E-mail Address</i>
<b>Father:</b>				
<b>Mother:</b>				
<b>Legal Guardian:</b>				
<b>Step Father:</b>				
<b>Step Mother:</b>				

***Local Emergency Contacts (the individuals listed below are authorized to check out my student from school):***

<i>Name</i>	<i>Street</i>	<i>City, State, Zip</i>	<i>Phone</i>	<i>Relationship</i>

*In the event that none of the above are available, or in the case of an emergency, the school will call an ambulance or the paramedics if it is deemed necessary.*

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Is there information on file preventing certain individuals from checking this student out? Yes \_\_\_\_\_ No \_\_\_\_\_

I have read and understand the information included on this form. Furthermore, I accept financial responsibility for all accident/illness-related costs and I agree to the emergency procedures outlined above.

---

Signature of parent or legal guardian

---

Relationship to the student

*I attest by this signature that I am the Legal Custodial Parent or Legal Guardian of the student(s) above. Falsifying any of the above information could result in legal action.*

**Please notify the school office of any changes regarding this information.**

### ***REQUEST FOR STUDENT RECORDS***

This student is now enrolled at Willowcreek Middle School. Please send his/her complete ***Cumulative Record File*** or similar records or copies, including ***withdrawal grade, transcripts, immunizations record, birth certificate, IEP, achievement and psychological test results and discipline records***. A school district may request student records from another school the student has attended without parent signature of approval. See "Privacy Act" Section 438, Subsection (b).

PREVIOUS SCHOOL NAME: \_\_\_\_\_  
ADDRESS, CITY & STATE: \_\_\_\_\_  
PHONE & FAX NUMBER: \_\_\_\_\_ / \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
CURRENT GRADE LEVEL: \_\_\_\_\_

***Please send records to:***

***Registrar  
Willowcreek Middle School  
2275 West 300 North  
Lehi, Utah 84043***

Date requested: \_\_\_\_\_ (1<sup>st</sup>) (2<sup>nd</sup>) (3<sup>rd</sup>)

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***Note to parents:*** It is your responsibility to accurately and completely furnish the above information so that your child may be promptly enrolled in appropriate classes. Without this information we will be unable to transfer your child's credits to any schools he may attend in the future. Int. \_\_\_\_\_ Date: \_\_\_\_\_



## Alpine School District

### Secondary Student Computer & Internet Use Permission Slip

**School: Willowcreek Middle**

Name: \_\_\_\_\_  
(Last, First, Middle)

Student ID #: \_\_\_\_\_ Date: \_\_\_\_\_

Recognizing the fundamental role technology plays in the 21<sup>st</sup> Century, Alpine School District supports and encourages the appropriate and responsible use of technology in student learning. Alpine School District will take reasonable measures to protect students and ensure that technology use aligns with educational objectives.

The current policy, including rules and regulations, is found at:

[http://policy.alpinedistrict.org/policy/5225\\_Internet](http://policy.alpinedistrict.org/policy/5225_Internet)

[Wide Area Network Acceptable Use Rule](#) or may be obtained at any district school. It is the responsibility of the student and parent/guardian to understand the current policy.

By signing below, we (the parent and student) acknowledge we have read and agree to follow the rules and regulations associated with the Alpine School District Acceptable Use policy. Furthermore, we acknowledge these rules and regulations apply to both district and personal devices while on school property.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As the parent/guardian of the student, I grant permission for my child to use the Alpine School District wide area network/Internet. This permission shall remain in effect while the student attends any secondary school in this district and must be renewed once the student enters high school.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Willowcreek Middle School

## 7<sup>th</sup> Grade Registration 2012-13

You will not be able to sign-up for any classes at this time that require:

*1) An Application 2) Teacher Approval 3) An Audition 4) Resource/IEP*

If you are accepted into any of the above mentioned classes, a counselor will manually change your schedule in Skyward at a later time.

**Step 1:** The following classes have been entered in Skyward for you:

*English, Math, CTE, Science, Utah History, & PE*

**Step 2:** You do NOT need to select your Math class. Students in GT/Academy or who have tested into the honors track of math, will be in manually scheduled by a counselor at a later time. All other students will be in a grade level math class.

**Step 3:** Select your elective classes.

1 SEMESTER class equals a *1/2 credit*. 1 FULL year class will equal *1 credit*.

**Step 4:** The top chart is an example you may review, & the bottom chart is a worksheet.

**Example**

English	Math	Careers, Technology & Education	Science	PE	Band	Art 1	Keyboarding
				Utah History	Band	Intro Tech	Debate

**Worksheet**

English	Math	Careers, Technology, & Education  (CTE)	Science	PE			
				Utah History			

**Step 5:** Select your **3** alternate classes. Choose wisely, you may get it!!!!



# Willowcreek Middle School

## 7<sup>th</sup> Grade Registration 2012-2013

Fill out the following course requests for your 7<sup>th</sup> grade classes.  
 There are 6 required classes in 7<sup>th</sup> grade. ***\*Required Classes***  
 Please enter the **NAME** of the course you would like from the choices  
 available. Full-year classes take **2 spaces**, semester classes takes **1 space**.

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home # \_\_\_\_\_  
 Cell # \_\_\_\_\_

<b>*English*</b>	<b>*Math*</b>	<b>*Science 7*</b>	<b>*CTE*</b>	<b>*P.E.*</b>	<b>*Fine Arts*</b>	Elective	Elective
English	Intermediate Math 1	Science	CTE  3 class rotation of Careers, Clothing/Foods, & Tech				
				<b>*History*</b>	Elective	Elective	Elective
				Utah History			

**YOU MUST HAVE ALL 3 ALTERNATES FILLED OUT!!!!**

Alternate #1 \_\_\_\_\_ Alternate #2 \_\_\_\_\_ Alternate #3 \_\_\_\_\_ Date \_\_\_\_\_  
 Parent Signature \_\_\_\_\_ Student Signature \_\_\_\_\_ Counselor Signature \_\_\_\_\_ (Not Needed at This Time)

# INSTRUCTIONS FOR APPLYING

*A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.*

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM **UTAH SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), OR UTAH FAMILY EMPLOYMENT PROGRAM (FEP) OR THE FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)**, FOLLOW THESE INSTRUCTIONS:

**Part 1:** List all household members and the name of school for each child.

**Part 2:** List the case number for any household member (including adults) receiving SNAP, FEP or FDPIR benefits.

**Part 3 & 4:** Skip these parts.

**Part 5:** Sign the form. The last four digits of a Social Security Number are **not** necessary.

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR FEP BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS **HOMELESS, A MIGRANT OR RUNAWAY**, FOLLOW THESE INSTRUCTIONS:

**Part 1:** List all household members and the name of school for each child.

**Part 2:** Skip this part.

**Part 3:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call the homeless coordinator. Their name and number are listed on the cover letter sent with this application.

**Part 4:** Complete only if a child in your household isn't eligible under Part 3. See instructions for All Other Households.

**Part 5:** Sign the form. The last four digits of a Social Security Number are not necessary if you didn't need to fill in Part 4.

IF YOU ARE APPLYING FOR A **FOSTER CHILD**, FOLLOW THESE INSTRUCTIONS:

**If all children in the household are foster children:**

**Part 1:** List all foster children and the school name for each child. Check the box indicating the child is a foster child.

**Part 2, 3, & 4:** Skip these parts.

**Part 5:** Sign the form. The last four digits of a Social Security Number are **not** necessary.

**If some of the children in the household are foster children:**

**Part 1:** List all household members and the name of school for each child. For any person, including children, with no income, you must check the "No Income" box. Check the box if the child is a foster child.

**Part 2:** If the household does not have a case number, skip this part.

**Part 3:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and the homeless coordinator. Their name and number are listed on the cover letter sent with this application. If not, skip this part.

**Part 4:** Follow these instructions to report total household income from this month or last month.

- **Box 1—Name:** List all household members with income.
- **Box 2—Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the **gross income**, the amount earned *before* taxes and other deductions. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For **ONLY** the **self-employed**, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the **Military Privatized Housing** Initiative or get combat pay, do not include these allowances as income.

**Part 5:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

**ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:**

**Part 1:** List children and the name of school for each child. For any person, including children, with no income, you *must* check the "No Income" box.

**Part 2:** If the household does not have a case number, skip this part.

**Part 3:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call the homeless coordinator. Their number is listed on the cover letter sent with this application. If not, skip this part.

**Part 4:** Follow these instructions to report total household income from this month or last month.

- **Box 1—Name:** List all other household members. Check the "No Income" box if they receive no income.
- **Box 2—Gross Income and How Often It Was Received:** See Part 4, box 2 above for more information.

**Part 5:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

## FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

PART 1. CHILDREN					Part 2. BENEFITS				
Names of <u>all</u> children (First, Middle Initial, Last)	School	Student ID or Grade	Check if <b>Foster Child</b>	Check if <b>NO</b> income	List <b>SNAP, FEP, or FDPIR</b> <b>case #</b> for household member (if any). Skip to Part 5 if you list a case #.				
			<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"/>					
			<input type="checkbox"/>	<input type="checkbox"/>					
			<input type="checkbox"/>	<input type="checkbox"/>					
<b>PART 3.</b> If any child you are applying for is <b>HOMELESS, MIGRANT</b> , or a <b>RUNAWAY</b> check the appropriate box. HOMELESS <input type="checkbox"/> MIGRANT <input type="checkbox"/> RUNAWAY <input type="checkbox"/>									
<b>PART 4. TOTAL HOUSEHOLD GROSS INCOME</b> (LIST ALL OTHER FAMILY MEMBERS, INCLUDING CHILDREN WITH INCOME)									
1. NAME		2. HOW MUCH AND HOW OFTEN IT WAS RECEIVED							
	Check if <b>NO</b> income	Earnings From Work before deductions		Welfare, child support, alimony		Pensions, retirement, Social Security, SSI, VA benefits		All Other Income	
		Income	How Often	Income	How Often	Income	How Often	Income	How Often
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
<b>PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER</b> (ADULT MUST SIGN)									
An adult household member must sign the application. <b>If Part 4 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number</b> or mark the <b>"I do not have a Social Security Number"</b> box. (See Privacy Act Statement on the back of this page.) <i>I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.</i>									
<b>Sign here:</b> _____ <b>Print name:</b> _____									
Address: _____						Phone Number: _____			
City: _____						State: _____ Zip Code: _____			
<b>Last four digits of Social Security Number:</b> * * * - * * * - _____ <input type="checkbox"/> <b>I do not have a Social Security Number</b>									
<b>PART 6. CHILDREN'S ETHNIC AND RACIAL IDENTITIES</b> (OPTIONAL)									
Choose one ethnicity:		Choose one or more (regardless of ethnicity):							
<input type="checkbox"/> Hispanic/Latino		<input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander							
<b>DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.</b>									
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12 Total Income: _____ Per: <input type="checkbox"/> Week, <input type="checkbox"/> Every 2 Weeks, <input type="checkbox"/> Twice A Month, <input type="checkbox"/> Month, <input type="checkbox"/> Year      Household size: _____ Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free___ Reduced___ Denied___ Reason: _____ Temporary: Free___ Reduced___ Time Period: _____ (expires after ___ days) Determining Official's Signature: _____ Date: _____ Error Prone: <input type="checkbox"/> Confirming Official's Signature: _____ Date: _____ Verifying Official's Signature: _____ Date: _____									

**Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.**

FEDERAL ELIGIBILITY INCOME CHART School Year 2011-2012			
Household size	Yearly	Monthly	Weekly
1	20,147	1,679	388
2	27,214	2,268	524
3	34,281	2,857	660
4	41,348	3,446	796
5	48,415	4,035	932
6	55,482	4,624	1,067
7	62,549	5,213	1,203
8	69,616	5,802	1,339
Each additional person:	7,067	589	136

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**Privacy Act Statement: This explains how we will use the information you give us.** 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), Utah Family Employment Program (FEP) 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.

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**Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.** "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired 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."

## SHARING INFORMATION WITH MEDICAID/CHIP

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Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the Children's Health Insurance Program (CHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

☐ Check here if your children have health insurance (including CHIP or Medicaid).

Because health insurance is so important to children's well-being, *the law allows us to tell Medicaid and CHIP that your children are eligible for free or reduced price meals, **unless you tell us not to.*** Medicaid and CHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or CHIP, fill out the form below and send in (sending in this form will not change whether your children get free or reduced price meals).

---

☐ **No! I DO NOT** want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program.

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

Printed Name: \_\_\_\_\_



CHIP is a state health insurance plan for uninsured Utah children.  
Families who do not have other insurance may qualify.

**For more information or to apply, call or visit:**

**1-877-KIDS-NOW**

**[www.health.utah.gov/chip](http://www.health.utah.gov/chip)**

FEE WAIVER APPLICATION (GRADES 7-12 )  
Please read the School Fees Notice before completing the application!  
All information on this application will be kept confidential

SECTION A: STUDENT INFORMATION AND BASIS FOR FEE WAIVER.

Name of student: \_\_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (not required but expedites the process)

Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade level: \_\_\_\_\_

Name of parent or guardian: \_\_\_\_\_ Phone number: \_\_\_\_\_

Please check if applicable: (attach supporting documents for each category that applies)

- ☐ Student is eligible based on income verification. (See Section D, Page 2 of 2)
- ☐ Student receives (SSI)\* Supplemental Security Income (QUALIFIED CHILD WITH DISABILITIES)
- ☐ Family receives TANF (currently qualified for financial assistance or food stamps)
- ☐ Student is in Foster Care (under Utah or local governmental supervision)
- ☐ Student is in State Custody

\*Please note: *Students who receive Survivor Benefits Do Not Qualify for the SSI category listed above.*

Parent(s)/guardian(s) shall provide income eligibility documentation in the form of income tax returns or current pay stubs demonstrating compliance with requirements consistent with state law and school district policies and/or guidelines for all of the above qualifiers.

If none of the above apply but you wish to apply for fee waivers or other help with school fees because of serious financial problems, please state the reason(s) for the request:

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

(If you need more space, please continue on the back of this page)

Please check the school fee schedule and list all fees that you wish to have waived. If your student is eligible for fee waivers, all of those fees identified will be waived. Please note that costs for yearbooks, class rings, letter jackets, school pictures, and similar items are not fees and will not be waived. Students may be required to pay fees for concurrent enrollment or advanced placement courses. The portion of the fees related specifically to college or post-secondary grades or credit is not subject to fee waiver.

Fee Description	Amount	Fee Description	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please give this application to the Principal, Assistant Principal, or the School Fee Counselor when you have finished filling it out. All fee payments will be suspended until the school has determined if your student is eligible for fee waivers. You will then be given a written notice of that decision. The school shall require you to present proof of eligibility. State law requires schools or school districts to require DOCUMENTATION of fee waiver eligibility if parent must "apply for fee waivers." State law also requires that school districts provide alternatives in lieu of fee waivers, "to the fullest extent reasonably possible according to individual circumstances of both fee waiver applicant and school," consistent with local board policies and/or guidelines which may include tutorial assistance to other students, assistance before or after school to teachers and other school personnel on school related matters, and general community or home service. If your student is eligible for a waiver, the school cannot require you to agree to an installment payment plan or sign an IOU in place of a waiver.

I HEREBY CERTIFY THAT THE INFORMATION AND DOCUMENTATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ALSO GIVE SCHOOL OFFICIALS PERMISSION TO USE THIS FORM AS A RELEASE TO OBTAIN INFORMATION NECESSARY FOR VERIFICATION OF ELIGIBILITY.

DATE: \_\_\_\_\_

\_\_\_\_\_  
PARENT'S OR GUARDIAN'S SIGNATURE

**Section B: INCOME VERIFICATION FOR ALL HOUSEHOLD MEMBERS (Required for students who do not qualify based on a special category.)**

**LIST ALL INCOME BEFORE DEDUCTIONS IN THE APPROPRIATE COLUMN(S) ON SAME LINE AS RECEIVER.**

Convert to monthly income: (weekly) multiply by 4.33; (every two weeks) multiply by 26 divide by 12; (twice a month) multiply by 2; and (annually) divide by 12

**The last income tax return or the last three pay stubs, or both, if available, of each household member are required to be attached to this form.**

NAME Last	First	M.I. (also known as)	Earnings from work (before deductions)	Pension/Retirement Social Security	Welfare, alimony child support	Other income 2nd job, etc.	Total by Adult Monthly
			Job 1 Monthly	Monthly	Monthly	Monthly	Income
1			\$	\$	\$	\$	\$
2			\$	\$	\$	\$	\$
3			\$	\$	\$	\$	\$
4			\$	\$	\$	\$	\$
5			\$	\$	\$	\$	\$
6			\$	\$	\$	\$	\$
7			\$	\$	\$	\$	\$
8			\$	\$	\$	\$	\$

Total number of ALL PEOPLE living in household \_\_\_\_\_

**Section C. EXAMPLES OF INCOME**

Earnings from Work	Pension/Retirement Social Security	Welfare, Alimony Child Support	Other Income
Wages, salaries and tips, strike benefits, unemployment comp., workers' comp, net income from self-owned business or farm	Pensions, supplement, security income, retirement payments, Social Security Income (including SSI a child receives)	TANF payments, welfare payments, alimony, and child support payments	Disability benefits; cash withdrawn from savings; interest & dividends; income from estates, trusts, and investments, regular contributions from persons not living in the household; net royalties and annuities; net rental income; any other income

**Section D. INCOME ELIGIBILITY GUIDELINES July 1, 2011 to June 30, 2012**

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$14,157	\$1,180	\$590	\$545	\$273
2	\$19,123	\$1,594	\$797	\$736	\$368
3	\$24,089	\$2,008	\$1,004	\$927	\$464
4	\$29,055	\$2,422	\$1,211	\$1,118	\$559
5	\$34,021	\$2,836	\$1,418	\$1,309	\$655
6	\$38,987	\$3,249	\$1,625	\$1,500	\$750
7	\$43,953	\$3,663	\$1,832	\$1,691	\$846
8	\$48,919	\$4,077	\$2,039	\$1,882	\$941
For each additional family member, add:	\$4,966	\$414	\$207	\$191	\$96

In lieu of income verification, attach supporting documents to this form for each special category that applies. For TANF (financial assistance or food stamps) attach a letter of decision covering the current period from Workforce Services.

For SSI (QUALIFIED CHILD WITH DISABILITIES), attach the benefit verification letter from Social Security. For State custody or foster care, provide the "youth in custody required intake form" and/or "school enrollment letter" provided by the case worker from DCFS or Juvenile Justice Department.

This form and all supporting documents will be destroyed after the approval process is complete.