NETTLETON SCHOOL DISTRICT

Enrollment Packet Checklist

STUDENT NAME	GRADE	DATE

Required Enrollment Documents

Check each item when received or completed

- [ ] Residency Registration Checklist
- [ ] **TWO (2) Proofs of Residency**
- [ ] Enrollment Form
- [ ] Health Information Sheet
- [ ] Mississippi Shot Record (Form 121) or Exemption Form
  Kindergarten and 7th grade only
- [ ] Counseling Form
- [ ] Acceptable Use Policy
- [ ] School-Parent-Student Compact
- [ ] Parental Consent Form
- [ ] MDE Employment Survey
- [ ] Federal Programs Review Parental Input Form
- [ ] Smiles to Go

NOTES

NETTLETON SCHOOL DISTRICT

Enrollment Requirements

Proofs of Residency

Required for enrollment

Required identification

- [ ] Valid driver's license or government-issued ID

AND one of the following

- [ ] Utility bill dated within the last two months
  Gas, electricity, or water only - phone bills are not accepted
- [ ] Filed homestead exemption application form
- [ ] Mortgage documents or property deed for the family's residence

Documents for New Students

When applicable

- [ ] Student Release of Record Form from previous school
  For students previously enrolled in another school district
- [ ] Withdrawal form
  For students previously enrolled in another school district
- [ ] Birth certificate
- [ ] Social Security card
- [ ] Mississippi shot record (Form 121) or exemption form

CHECKED BY

DATE

Use this page to verify documents received during enrollment review.

NETTLETON SCHOOL DISTRICT | 2026-2027

Residency Registration Checklist

Required before enrollment: this checklist and two (2) proofs of current residency.

Student and Household Information

STUDENT LAST NAME

FIRST NAME

MIDDLE NAME

PARENT(S) OR LEGAL GUARDIAN

ADDRESS WHERE STUDENT LIVES

Parent/Guardian Certification

I certify that the information given above is a true and correct statement of my legal residence. I understand that a pupil is not legally enrolled until this form is completed and signed by the parent, guardian, or other adult with whom the pupil may be living, and is submitted with appropriate residency documentation. I understand that a pupil admitted under false information is not legally enrolled and is subject to penalty.

PARENT OR GUARDIAN SIGNATURE

DATE

Residency Verification Documentation

Check documents provided

One proof must be from items 1-4 listed below. If the lease or rental agreement includes utilities, the agreement must plainly state which utilities are included. In this case, an additional proof of residency must be provided.

- ☐ 1. Filed homestead exemption application
- ☐ 2. Mortgage documents or property deed
- ☐ 3. Official apartment or home lease agreement
- ☐ 4. Utility bill(s) dated within two months of registration
- ☐ 5. Parent/guardian driver's license
- ☐ 6. Voter precinct card
- ☐ 7. Automobile registration
- ☐ 8. Other documentation approved by school administration

If residency is questioned, the district reserves the right to make a home visit to ensure residency has been properly established.

Student Living Arrangement

Select the statement that applies

☐ Student is living with parent(s) or other legal guardian(s) and, if appropriate, a certified copy of the court decree, or petition if pending, declaring that the district resident is the legal guardian of the student and further declaring that the guardianship was formed for a purpose other than establishing residency for school district attendance purposes. Anyone other than the natural parent listed on the birth certificate must provide legal documentation appointing him/her as legal guardian.

☐ Student is living with an adult other than parent or legal guardian and the adult has provided a notarized sworn Affidavit of Residency stating his/her relationship to the student, and that the student will be living in his/her home full time and fully explaining the reasons (other than school attendance or school district preference) for this arrangement and the School Board or its designee has made the necessary factual determination under 1(b) 1(c)(2) of the State Residency Verification Procedures.

☐ Where the student, guardian(s), or other adult does not live within the boundaries of the Nettleton School District, and no Affidavit of Residency is provided to establish residency, please explain the reasons for attempting to enroll the student in Nettleton School District.

EXPLANATION (IF REQUIRED)

SIGNATURE OF SCHOOL OFFICIAL

DATE

NETTLETON SCHOOL DISTRICT

Student Enrollment Form

Office Use Only

DATE | SCHOOL | GRADE | HR TEACHER

MSIS

Student Information

LAST NAME | FIRST NAME | MIDDLE NAME

STREET ADDRESS

CITY | STATE | ZIP | PHONE NUMBER

BIRTH DATE | RACE | GENDER

☐ AS ☐ B ☐ H ☐ NA ☐ PI ☐ W ☐ M ☐ F

PLACE OF BIRTH - CITY | COUNTY | STATE | COUNTRY

LAST SCHOOL ATTENDED | CITY, STATE, ZIP

Parent / Guardian Information

PARENT / GUARDIAN 1 | RELATIONSHIP

ADDRESS

PRIMARY PHONE | EMAIL

WORK PHONE | EMPLOYER

PARENT / GUARDIAN 2 | RELATIONSHIP

ADDRESS

PRIMARY PHONE | EMAIL

WORK PHONE | EMPLOYER

Household and Siblings

WITH WHOM DOES THE CHILD LIVE? | SIBLINGS UNDER AGE 21 - NAME AND BIRTH DATE

TRANSPORTATION ☐ Car A.M. ☐ Car P.M. Bus # A.M. P.M. ☐ Walk

NETTLETON SCHOOL DISTRICT

Release and Health Information

STUDENT NAME

Please be advised that Nettleton School District will release your child only to the person(s) listed below. A person granted permission to pick up your child may be required to show picture identification before the child is released. You may revoke, amend, or add to this privilege in writing at any time.
A restriction involving an individual with parental or guardianship rights or a court order, or a restriction of permission given by another rightful parent or legal guardian, will not be enforced without current legal documentation showing that the restriction exists.

Emergency Contacts / Permission to Release

List everyone authorized to pick up the student

AUTHORIZED CONTACT 1

NAME | RELATIONSHIP

ADDRESS | PHONE

AUTHORIZED CONTACT 2

NAME | RELATIONSHIP

ADDRESS | PHONE

AUTHORIZED CONTACT 3

NAME | RELATIONSHIP

ADDRESS | PHONE

AUTHORIZED CONTACT 4

NAME | RELATIONSHIP

ADDRESS | PHONE

Restriction on Release

Attach current legal documentation

PERSON 1 - NAME | RELATIONSHIP | PERSON 2 - NAME | RELATIONSHIP

REASON FOR RESTRICTION

Student Health Information

FAMILY PHYSICIAN | PHONE

HEALTH HISTORY - HOSPITALIZATIONS, ASTHMA, DIABETES, ETC.

ALLERGIES - FOOD OR MEDICATION

DAILY MEDICATIONS - INCLUDE DOSAGE AND TIME

NETTLETON SCHOOL DISTRICT

Eligibility, Services and Consent

STUDENT NAME

Prior School and Student Status

Has the student ever been retained or failed a grade? ☐ Yes ☐ No

Special services received at the previous school: ☐ Special Education ☐ Gifted ☐ English Learner ☐ Speech

Is the student in foster care? ☐ Yes ☐ No

FOSTER CARE CONTACT NAME

Is the student a foreign exchange student? ☐ Yes ☐ No

Home Language Survey

Select English or enter another language

1. What is the first language the student learned to speak?

☐ English **OTHER**

2. What language does the student most often speak?

☐ English **OTHER**

3. What language is most often spoken in the student's home?

☐ English **OTHER**

4. In what language do parents prefer communication sent home?

☐ English **OTHER**

5. Has the student attended any U.S. school during any three years of his/her lifetime?

☐ Yes ☐ No

Migrant Eligibility

If you moved and/or changed jobs in the last three years, did you look for or obtain any of these jobs? Check all that apply.

- ☐ Farming (crops, catfish, chickens, sod, etc.)
- ☐ Trees (cutting, planting, or cultivating)
- ☐ Commercial fishing
- ☐ Processing crops or meat in a plant

Immigrant Children and Youth Eligibility

Are there children ages 3-21 who were not born in any state and have not attended school in one or more states for more than three full academic years?

☐ Yes ☐ No

Homeless Eligibility

Select Yes or No for each question

1. Does the student lack a fixed, regular, and adequate residence, including living in streets, tents, vehicles, or similar settings? ☐ Yes ☐ No

2. Is the student's primary nighttime residence a supervised or privately operated shelter, welfare hotel, transitional housing, or similar setting? ☐ Yes ☐ No

3. Is the student temporarily staying with relatives or friends because of job loss, income loss, housing loss, or a similar hardship? ☐ Yes ☐ No

Excluded from the definition of homeless: an individual imprisoned or otherwise detained under federal or state law.

Parent / Guardian Consent and Certification

I give Nettleton School District permission for treatment of accidents or medical problems pertaining to the student. In a medical emergency, I consent to transport to a local emergency room and assume necessary expenses. Information in this document may be shared with school personnel as deemed necessary.

PARENT / GUARDIAN SIGNATURE - MEDICAL CONSENT **DATE**

I will not hold the school district financially responsible for emergency care or transportation for the student.

PARENT / GUARDIAN SIGNATURE - FINANCIAL ACKNOWLEDGMENT **DATE**

CERTIFICATION: INFORMATION IS TRUE/CURRENT; I WILL REPORT CUSTODY, ADDRESS OR PHONE CHANGES **DATE**

Nettleton School District does not discriminate on the basis of race, creed, color, sex, national origin, marital status, religion, or disability.

NETTLETON SCHOOL DISTRICT

Counseling Consent Form

Dear Parent/Guardian,

This form provides permission for your student to participate in activities with the school counselor and access counseling services.

What is counseling?

The school counselor works with students through classroom lessons and academic support. Students may also meet individually or in small groups for activities supporting personal, academic, social, or career development. These activities promote effective education and help each child within the school community. School counseling services are not intended as treatment for a mental health disorder.

How do students access counseling?

All students have access to the counselor. A parent or guardian may request a meeting, a teacher may refer a student, or a student may ask to see the counselor.

What topics are discussed?

Counseling activities may address friendship and interpersonal issues, communication, self-awareness, conflict resolution, anxiety, anger, loss, relationship skills, and understanding the student.

What are the limits of confidentiality?

Information regarding your child will be kept confidential except as required by state law, including imminent danger to self or others or suspected child abuse or neglect. When a referral is received, the counselor may contact the parent or guardian to discuss available services. School personnel may receive relevant information on a need-to-know basis so the student can be supported as a team. Sharing information with outside resources may require separate written consent. Consent may be withdrawn at any time by sending the school a signed and dated written request to end counseling services. Questions may be directed to the school principal or assistant principal.

☐ I have read the information above and consent for my child to participate in counseling services. I agree to the confidentiality guidelines and understand that the school counselor may exchange relevant information with school staff to support my student's personal, academic, social, and career development.

STUDENT NAME

GRADE LEVEL

PRINTED NAME OF PARENT / GUARDIAN

SIGNATURE OF PARENT OR LEGAL GUARDIAN

BEST PHONE NUMBER

BEST EMAIL

DATE

NETTLETON SCHOOL DISTRICT

Acceptable Use Policy

STUDENT NAME

Internet Access and Content

Access to email and the Internet enables students, staff, administration, and parents in the school setting to explore libraries, databases, and bulletin boards while exchanging messages with Internet users throughout the world. Families are warned that some Internet materials may be illegal, defamatory, inaccurate, or potentially offensive.

Educational Purpose and Family Responsibility

The school's intent is to make Internet access available to further educational goals and objectives, although individuals may find other materials. The district believes the benefits of information resources and collaboration exceed the disadvantages. Parents and guardians are responsible for setting and communicating standards for their children. Nettleton School District supports and respects each family's right to decide whether to apply for access. Adults are reminded that school computers and Internet access are intended for school use and that all users must follow school policies and standards of behavior.

Network Conduct and Responsibility

Communications on networks are often public. General school rules for behavior and communication apply. The network is provided for research and communication. Access is given to students and adults who agree to act considerately and responsibly, and parent permission is required for students. Access is a privilege, not a right, and entails responsibility. Users are responsible for their behavior and communications and are expected to comply with district standards and signed agreements. Beyond clarifying those standards, the district is not responsible for restricting, monitoring, or controlling individual communications on the network.

Access to Information and Guidance

Within reason, freedom of speech and access to information will be honored. During school, teachers will guide students toward appropriate materials. Outside school, families bear the same responsibility for guidance that they exercise with television, telephones, movies, radio, and other potentially offensive media.

District Devices and Replacement Costs

Any NSD device checked out by a student is the responsibility of the student and/or parent or guardian. Devices may be checked out through each school's office. Devices and accessories must be returned in satisfactory condition, or charges may apply for damage or loss.

CHARGER	CASE	CHROMEBOOK	KEYBOARD	SCREEN
$20	$30	$250	$60	$50

EDLA Equipment Ownership

Nettleton School District assumes control of ownership and liability for personal devices and other equipment purchased under the EDLA program until the equipment no longer serves the school or related school purpose for which it was acquired and is sold by public auction under Section 17-25-25, or disposed of according to board policy.

NETTLETON SCHOOL DISTRICT

Acceptable Use Acknowledgment

As outlined in Board policy and procedures concerning students' rights and responsibilities, copies of which are available in school offices, the following activities are not permitted:

1. Sending or displaying offensive messages or pictures
2. Using obscene language
3. Harassing, insulting, or attacking others
4. Damaging computers, computer systems, or computer networks
5. Violating copyright laws
6. Using another person's password
7. Trespassing in another person's folders, work, or files
8. Intentionally wasting limited resources
9. Using the network for commercial purposes

Violations may result in loss of access and other disciplinary or legal action.

☐ I have read and understand the Nettleton School District Acceptable Use Policy.

STUDENT NAME

STUDENT SIGNATURE **DATE**

PARENT / GUARDIAN SIGNATURE **DATE**

ADULT USER SIGNATURE (IF APPLICABLE) **DATE**

NETTLETON SCHOOL DISTRICT

School-Parent-Student Compact

Dear Parent/Guardian:

This compact outlines ways the parent or guardian, student, and school staff can build and maintain a partnership and share responsibility for supporting the student's learning.

STUDENT NAME

GRADE

Parent / Guardian Agreement

- Ensure that my child attends school regularly and stays the whole day.
- Establish a time and quiet place for homework and review it with my child.
- Read with my child and/or let my child see me reading.
- Attend my child's academic and extracurricular performances.
- Show interest in what my child is learning.
- Attend parent-teacher conferences and participate, when appropriate, in decisions about my child's education.
- Ensure that my child has the supplies needed to be successful every day.

Student Agreement

- Come to school regularly and stay the whole day.
- Respect teachers and other students.
- Complete and turn in all work on time.
- Try my best in academic and extracurricular activities.
- Be prepared every day.

School Agreement

- Provide high-quality instruction and learning materials.
- Help families understand academic achievement standards and assessments and how to monitor student progress.
- Provide ongoing communication through annual parent-teacher conferences, frequent progress reports, and flexible opportunities to speak with staff, volunteer, and observe classroom activities.
- Ensure a safe and orderly learning environment.
- Make learning enjoyable and appropriately challenging.

Compact Acknowledgment

By signing below, each party acknowledges and agrees to the responsibilities listed above.

PARENT / GUARDIAN SIGNATURE

DATE

STUDENT SIGNATURE

DATE

TEACHER SIGNATURE

DATE

NETTLETON SCHOOL DISTRICT

Parental Consent Form

STUDENT LAST NAME	FIRST NAME	MIDDLE NAME	GRADE

Please read and initial each section, then complete the signatures at the bottom of the page.

Equal Educational Opportunity

Nettleton School District provides equal educational opportunities to qualified persons regardless of race, creed, color, sex, national origin, marital status, religion, or disability. Inquiries about nondiscrimination policies, grievance procedures, or filing grievances may be directed to Angel Carr, Title IX Coordinator, acarr@nettleton.k12.ms.us, or Dawn Hairald, 504 Coordinator, dhairald@nettleton.k12.ms.us, P.O. Drawer 409, Nettleton, MS 38858, phone (662) 963-2151.

Insurance Information

INITIALS

I have received information about school insurance through the Jerry Lyons Agency. School insurance may be obtained during the open enrollment period during the first week of school. Students participating in athletics are urged to obtain insurance. Nettleton School District does not assume responsibility for medical costs for students injured at school or while participating in extracurricular activities.

School Field Trips

INITIALS

I give permission for my child to attend all school activity trips.

Internet Use

INITIALS

I give permission for my child to use the Internet at Nettleton School District. I have reviewed and will sign the Nettleton School District Acceptable Use Policy.

Permission to Use Name, Photograph, or Video

INITIALS

I give permission for Nettleton School District to use my child's name and video or photographs in the newspaper, yearbook, district website, or television to recognize school-sponsored activities, including class programs, field trips, athletics, Student of the Month, perfect attendance, and other school-related activities or awards.

Student Handbook

INITIALS

I affirm that I have received the Nettleton School District Student Handbook and reviewed it with my child. I understand that the student is responsible for the rules and policies contained in the handbook.

Consent Acknowledgment

PRINTED STUDENT NAME	STUDENT SIGNATURE
PRINTED PARENT / GUARDIAN NAME	**PARENT / GUARDIAN SIGNATURE**

DATE

MISSISSIPPI DEPARTMENT OF EDUCATION

Employment Survey

Family Contact Information

SCHOOL NAME

PARENT / GUARDIAN NAME(S)

ADDRESS

TELEPHONE NUMBER(S)

EMAIL

1 Have you moved to a new town to find work within the last three years?

☐ Yes ☐ No

If No, stop here. If Yes, continue to Question 2.

2 Did you or anyone in your household find work in agriculture or fishing? Examples include planting or preparing fields, harvesting crops, picking or processing fruit or vegetables, planting or cutting trees, greenhouse, cotton gin, poultry farm or dairy work, or farming, harvesting, or processing chicken, catfish, beef, pork, shrimp, crab, crawfish, oysters, shellfish, or fish.

☐ Yes ☐ No

If No, stop here. If Yes, continue below.

If both answers are Yes, a state education representative may contact you to determine whether your child qualifies for additional educational services.

BEST TIME TO CONTACT YOU

☐ During the day ☐ Evening / night

For School Use Only

DATE RECEIVED FROM FAMILY

DO NOT EMAIL COMPLETED FORMS.

Call 662-325-1815 and your MMESC recruiter will pick up returned forms, or send by regular mail or fax to: MMESC, P.O. Box 1575, Mississippi State, MS 39762; fax 662-325-0864.

MISSISSIPPI DEPARTMENT OF EDUCATION

Employment Survey Routing Record

STAFF USE ONLY

This page records receipt and transfer of the completed employment survey.

For School Use Only

DATE RECEIVED FROM FAMILY

DO NOT EMAIL COMPLETED FORMS.

Call 662-325-1815 and the MMESC recruiter will arrange pickup.

For MMESC Use Only

SCHOOL DISTRICT

DATE RECEIVED FROM SCHOOL

Mail or fax: MMESC, P.O. Box 1575, Mississippi State, MS 39762 | Fax 662-325-0864

Attach this routing record to the completed family employment survey.

NETTLETON SCHOOL DISTRICT | 2026-2027

Federal Programs Parental Input

Please share any ideas, concerns, or questions regarding implementation of Title I Parent Involvement Activities or the Schoolwide Plan at your school. All input will be considered. If you would like a response, provide your name and daytime telephone number below.

SCHOOL LOCATION

INPUT TYPE

☐ Idea ☐ Concern ☐ Question

TOPIC

☐ Title I Parent Involvement Activities ☐ Schoolwide Plan

YOUR IDEAS, CONCERNS, OR QUESTIONS

Would you like a response?

☐ Yes ☐ No

Contact information is optional unless a response is requested.

NAME

DAYTIME TELEPHONE NUMBER

ADDITIONAL CONTACT NOTES (OPTIONAL)

SMILES TO GO | EXTERNAL DENTAL PROVIDER

Dental Screening Consent Form

SCHOOL | STUDENT NAME | GRADE | TEACHER

Smiles To Go provides preventive dental services at school, including exams, cleanings, sealants, x-rays, fluoride, and teledentistry. Complete and return this form if you want your child to receive services. Once enrolled, a child remains in the program until moving to another school or being removed by calling 601-657-1164.

Student Information

GENDER ☐ Male ☐ Female | BIRTH DATE | PARENT CELL PHONE | BACKUP PHONE

ADDRESS | CITY | STATE | ZIP

EMAIL

Student Insurance

All children may receive services

CHILD'S SOCIAL SECURITY NUMBER - PROVIDE ONLY IF REQUIRED BY SMILES TO GO | MEDICAID / CHIP ENROLLED ☐ Yes ☐ No | MEDICAID NUMBER

OTHER INSURANCE ☐ Yes ☐ No | INSURANCE COMPANY | POLICY NUMBER

SUBSCRIBER NAME | EMPLOYER | SUBSCRIBER BIRTH DATE

SUBSCRIBER SOCIAL SECURITY NUMBER - ONLY IF REQUIRED

Health History

Check all that apply

☐ Diabetes ☐ Asthma ☐ Behavior problems ☐ Anemia ☐ Sickle cell

OTHER HEALTH PROBLEM - EXPLAIN

ALLERGIES - FOOD, MEDICATION, LATEX, ETC.

CURRENT MEDICATIONS

DATE OF LAST DENTAL VISIT

Treatment may affect benefits under private insurance, Medicaid, or CHIP and may count as a regular dental visit. Smiles To Go is intended to assist families; children who already have a regular dentist should continue care with that provider.

PARENT OR LEGAL GUARDIAN CONSENT

I give permission for Smiles To Go, LLC to treat my child and acknowledge that this form will become part of a permanent record held in strict confidence. I have read and understand this form and the privacy information (HIPAA). I have also reviewed the back page and give permission for photo/video images of my child to be used.

☐ I consent to the services and acknowledgments above.

SIGNATURE | PRINT NAME | DATE

Privacy and Communication Releases

STUDENT NAME

PARENT / LEGAL GUARDIAN NAME

HIPAA - Confidential Protected Health Information

Smiles To Go's Notice of Privacy Practices explains how protected health information (PHI) may be used and disclosed and describes patient rights under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). You have the right to review the Notice before signing. The Notice may change, and a revised copy may be obtained from the office. You may request restrictions on use or disclosure of PHI. By signing, you consent to use and disclosure of PHI for treatment, payment, and health care operations. You may revoke this consent in a signed written request.

☐ I acknowledge the privacy notice and consent described above.

Photo / Video Release

I acknowledge that I am the legal guardian of the named student. If I grant permission, Smiles To Go and its employees may reproduce photographs or video images of the student or family for publication, promotion, illustration, advertising, or trade in any medium. I release Smiles To Go and its legal representatives from claims and liability related to those images or videos, permit use of interview or guest-lecture statements with or without a name for advertising and publicity, and waive compensation.

☐ Yes - I give permission for photos/videos of my child.

☐ No - I do not give permission for photos/videos of my child.

Telephonic Updates, Messages and Emails

I acknowledge that I am the legal guardian of the named student. If I grant permission, I consent to receive telephone updates, messages, emails, and similar communications from Smiles To Go and its employees. I release Smiles To Go and its representatives from claims and liability related to communications received. I also permit use of statements given in response to those communications, with or without my name, for advertising and publicity, and waive compensation.

☐ Yes - I give permission to receive updates, messages, and emails.

☐ No - I do not give permission to receive updates, messages, or emails.

PARENT / LEGAL GUARDIAN SIGNATURE

DATE

NETTLETON SCHOOL DISTRICT

Student Accident Insurance

STUDENT NAME

The school district does not provide health or accident insurance for injuries incurred by a student at school.

Families are encouraged to maintain accident coverage before a student participates in interscholastic sports, particularly when primary health insurance has a high deductible, coinsurance requirement, or benefit limitation. Student Accident Insurance may cover medical expenses resulting from accidents during school hours, school-sponsored activities, athletics, gym class, playground activities, field trips, JROTC, and similar programs. Twenty-four-hour coverage is also available. This coverage is intended to reduce or eliminate out-of-pocket expenses not paid by primary insurance, including copays, deductibles, and coinsurance, and may pay on a primary basis when no other collectible coverage exists. Even families with health insurance should consider this plan as secondary accident coverage.

COVERAGE OPTION	BASIC PLAN ANNUAL PREMIUM	PREMIER PLAN ANNUAL PREMIUM
Full-Time Coverage PK-12 and All Sports Except football coverage for grades 9-12	$95.00	$160.00
School-Time Coverage PK-8 and All Sports Except football coverage for grades 9-12	$19.00	$34.00
School-Time Coverage 9-12 and All Sports Except football coverage for grades 9-12	$55.00	$98.00
Football Coverage Grades 9-12, plus grades 7-8 practicing or participating with grades 9-12	$125.00	$240.00
Extended Dental Coverage PK-12 Additional 24-hour benefits for dental accidents	$9.00	$9.00

How to Purchase Coverage

1. Go to www.sas-mn.com. Under K-12 'Find My School,' choose the state and school district. Select a plan, pay online, and print proof of coverage.
2. The website may also be used to print an enrollment form that can be mailed with a check or money order.
3. Coverage becomes effective at 12:01 a.m. following the date online enrollment is completed and the premium is paid.
4. For plan questions or enrollment help, call Student Assurance Services at (651) 439-7098 or toll-free at 1-800-328-2739.

Website: www.sas-mn.com

Prototype Household Application for Free and Reduced Price School Meals

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

APPLY ONLINE:
RETURN TO (School/District Name):
ADDRESS:

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Check all that apply: Foster Child	Migrant	Runaway	Homeless
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

STEP 2 Do any household members (including you) participate in: SNAP, TANF, or FDPIR?

◯ **NO** → Go to STEP 3. ◯ **YES** → Write case number here and proceed to STEP 4.

CASE NUMBER (NOT EBT NUMBER):

Write only one case number in this space.

STEP 3 List ALL household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)

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

Name of Adult Household Members (First and Last)	Earnings from Work	How often received? Weekly	Every 2 Weeks	2x Month	Monthly	Annual	Public Assistance, Child Support, Alimony	How often received? Weekly	Every 2 Weeks	2x Month	Monthly	Pensions, Retirement, Social Security, SSI, VA Benefits, All Other	How often received? Weekly	Every 2 Weeks	2x Month	Monthly
	$	◯	◯	◯	◯	◯	$	◯	◯	◯	◯	$	◯	◯	◯	◯
	$	◯	◯	◯	◯	◯	$	◯	◯	◯	◯	$	◯	◯	◯	◯
	$	◯	◯	◯	◯	◯	$	◯	◯	◯	◯	$	◯	◯	◯	◯
	$	◯	◯	◯	◯	◯	$	◯	◯	◯	◯	$	◯	◯	◯	◯
	$	◯	◯	◯	◯	◯	$	◯	◯	◯	◯	$	◯	◯	◯	◯

Total Household Members (Children and Adults) ☐

Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable) ☐☐☐☐

Check if no Social Security Number ☐

Please see application's back for list of income sources.

B. Child Income

Sometimes children in the household earn or receive income.
Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Child Income	How often received? Weekly	Every 2 Weeks	2x Month	Monthly	Annual
$	◯	◯	◯	◯	◯

STEP 4 Contact information and adult signature. RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL: Insert school address here

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

Print Name of Adult Signing the Form	Signature of Adult	Today's Date

Mailing Address (if available)	City	State	Zip	Phone (optional)	Email (optional)

Guidance documents lack the force and effect of law, unless expressly authorized by statute or incorporated into a contract. USDA may not cite, use, or rely on any guidance that is not available through their guidance portal, except to establish historical facts.

Return completed form to your child's school.

SOURCES AND EXAMPLES OF INCOME

For additional information on income, please refer to the instructions that accompany this application.

Sources of Income			Examples of Income for Children
Earnings from Work	**Public Assistance/Alimony/ Child Support**	**Pensions/Retirement/ All other sources of income**	
• Salary, wages, cash bonuses, tips, commissions • Net income from self-employment (farm or business) **If you are in the U.S. Military:** • Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) • Allowances for off-base housing, food, and clothing	• Unemployment benefits • Workers' compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veterans benefits • Strike benefits	• Social Security/Disability (including railroad retirement and black lung benefits) • Private Pensions or disability benefits • Income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household	• A child has a regular full or part-time job where they earn a salary or wages • 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 • A friend or extended family member regularly gives a child spending money • A child receives regular income from a private pension fund, annuity, or trust

OPTIONAL

Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

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

Ethnicity (check one): ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Return this completed form to your child's school. *Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

DO NOT FILL OUT

For school use only.

Annual Income Conversion: Weekly × 52, Every 2 Weeks × 26, Twice a Month × 24, Monthly × 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income

How often?

Weekly	Every 2 Weeks	2x Month	Monthly	Annual
○	○	○	○	○

Household size

Categorical Eligibility ☐

Eligibility

Free	Reduced	Denied
○	○	○

Determining Official's Signature | Date | Confirming Official's Signature | Date | Verifying Official's Signature | Date

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number.' Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

Return completed form to your child's school.

The contact information below is solely to file a complaint of discrimination

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: **https://www.usda.gov/sites/default/files/documents/ad-3027.pdf,** from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

*MAIL: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (833) 256-1665 or (202) 690-7442; or
EMAIL: program.intake@usda.gov

***Do not mail applications to this address, only complaints of discrimination.**

This institution is an equal opportunity provider.

Guidance documents lack the force and effect of law, unless expressly authorized by statute or incorporated into a contract. USDA may not cite, use, or rely on any guidance that is not available through their guidance portal, except to establish historical facts.