NPE ENROLLMENT FOR NEW STUDENTS

Before a new student can start school, the following is needed:

- Completed enrollment packet
- Records from previous school *(secretary will request)*
- Birth Certificate *(secretary will request from previous school or provided by parent/guardian)*
- Shot Record *(secretary will request from previous school or provided by parent/guardian)*
- Verification of address (ex. house contract, lease, utility bill, etc)

Elementary Handbook & Supply Lists:

Copies available at the following locations

- On the website www.nppanthers.org
- At Elementary Office
- At Superintendent's Office

North Platte R-1 School District

Student Registration Update Form

STUDENT INFORMATION: Please print in ink or type requested information. All information provided remains confidential.

School Year: _____ Grade level _____ MOSIS ID# _____

Student's Last Name _____ First Name _____ Middle Name _____ Gender _____ Birth Date _____

Physical Address (Where student Lives) _____ City _____ State _____ Zip _____ County _____

Mailing Address (Where student receives mail) _____ City _____ State _____ Zip _____

Email Address _____ Mobile Phone _____

Is the student's ethnicity Hispanic? ☐ Yes ☐ No What is the student's race? _____

What is the student's first language? _____

Which language(s) does the student use (speak) at home and with others? _____

Which language(s) does the student hear at home and understand? _____

Is your student currently on an IEP or 504 plan? ☐ Yes ☐ No

Is the student living with their parent or legal guardian in someone else's house other than your own, living with a friend or family member other than their parent/guardian; living at a shelter, at a hotel or motel, or in a vehicle or campground (unsheltered)? ☐ Yes ☐ No

Is the student currently residing in an emergency or transitional shelter? ☐ Yes ☐ No

Has the student been abandoned in a hospital? ☐ Yes ☐ No

Is the student's primary nighttime residence a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings? ☐ Yes ☐ No

Is the student currently living in a car, park, public space, abandoned buildings, substandard housing, bus or train station or similar setting? ☐ Yes ☐ No

Copyright. Lumen Touch. All Rights Reserved.

PARENT INFORMATION: THE FOLLOWING INFORMATION IS REQUESTED TO HELP US BETTER SERVE OUR STUDENTS AND THEIR PARENTS AS THERE ARE MANY STUDENTS WHO LIVE IN JOINT CUSTODY RELATIONSHIPS OR HAVE NON-CUSTODIAL PARENTS WHO ARE ACTIVELY INVOLVED IN THEIR STUDENT'S SCHOOL PROGRESS. FURTHER, WE WISH TO HONOR ALL COURT ORDERS.

INDICATE WITH WHOM THE CHILD LIVES: ☐ PARENTS (BOTH) ☐ MOTHER ☐ FATHER

☐ OTHER LEGAL GUARDIAN, PLEASE STATE RELATIONSHIP:

(Copy of court ordered guardianship must be attached. A guardian may be appointed for the sole and specified purpose of school registration) (SB944)

IF PARENTS ARE DIVORCED, WHICH PARENT HAS PRIMARY CUSTODY: _____

* IF A DIVORCE DECREE EXISTS, PLEASE PROVIDE THE PORTION OF THE DIVORCE DECREE DETAILING CUSTODY ARRANGEMENT.

☐ SEND DUAL MAILING TO BOTH PARENTS.

☐ THERE IS A COURT ORDER RESTRICTING THE FOLLOWING PERSON/PEOPLE CONTACT WITH THE SCHOOL OR THIS STUDENT (ORIGINAL

☐ COPY OF COURT ORDER MUST BE PRESENTED)

NAME: _____

☐ STUDENT HAS BEEN PLACED IN FOSTER CARE BY DFS? IF CHECKED, DISTRICT PREVIOUSLY ENROLLED?

_____

Employment Information

Have you moved within the past 3 years to seek or obtain work in the following areas? If so, check the appropriate categories:

☐ Feeding poultry, gathering eggs or working in a hatchery

☐ Planting or harvesting crops

☐ Processing meat, poultry, fruit or vegetables, dairy products

☐ Commercial fishing or working on a fish farm

Copyright. Lumen Touch. All Rights Reserved.

Parents/Guardians (Number in order of preferred contact)

Guardian Type: _____ First name: _____ Last Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone _____

Employer: _____ E-Mail Address: _____

Guardian Type: _____ First name: _____ Last Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone _____

Employer: _____ E-Mail Address: _____

Emergency Contact Information

Emergency care contact: (Number in order of preference) If parent(s) cannot be reached, I/we authorize the school to call, share medical information with and release my child to:

First Name _____ Last Name _____ Relationship _____

Notify of Illness ○ Yes ○ No Home Phone _____ Mobile Phone _____

May Pick up Student ○ Yes ○ No

First Name _____ Last Name _____ Relationship _____

Notify of Illness ○ Yes ○ No Home Phone _____ Mobile Phone _____

May Pick up Student ○ Yes ○ No

Copyright. Lumen Touch. All Rights Reserved.

AFFIDAVIT OF ENROLLMENT, DISCIPLINE, AND LAW ENFORCEMENT HISTORY

The School District requires a signed enrollment, discipline, and law enforcement history affidavit upon enrollment. Falsifying and or omitting essential information is a Class B misdemeanor under Missouri's Safe School Act of 1996. Enrollment may be temporarily or permanently denied as circumstances warrant.

I certify that _____ *(please enter Student's Name)*
is not presently and/or has not been suspended or expelled from any school system, nor, is presently charged, or have been charged within the last 12 months with any crime involving weapons, alcohol, drugs, or acts of violence by a law enforcement agency, juvenile office, family court, or prosecuting attorney. Section 167.171 revised **Statues of Missouri.**

_____ _____

Signature of parent or court-appointed guardian Date

Military Recruiter Access (High School Students Only):

By law, the district must release to military recruiters the name, address, and phone number of high school students unless your Student, Parent, or Guardian notified the district in writing that they do not want the information released. Do you want this information released?

☐ Yes ☐ No

Parent/Guardian: _____ Date _____

Verification:

I verify that the information provided on this form is accurate and current. Submitting false statements or information relating to residency is defined as a Class A misdemeanor and the district may recover from you tuition payments for any pupil who is enrolled based on false information you provide

Parent/Guardian: _____ Date _____

This information is requested for purposes of reporting to Federal Compliance Agencies only and will not be used as criteria for determining admission status. NOTICE OF NONDISCRIMINATION ~ Applicants for admission and employment, students, employees, sources of referral of applicants for admission and employment are hereby notified that the School District does not discriminate on the basis of race, color, religion, national origin, ancestry, sex, age, handicap, disability, or veteran status, in admission or access to, or treatment in employment practices.

Copyright. Lumen Touch. All Rights Reserved.

RESIDENCY ENROLLMENT CHECKLIST

Parent Information

Name of Parent/Guardian _____

Address _____

City/State _____ Zip _____

Telephone Number (c) _____ (h) _____ (w) _____

Student Information

Name of Student _____

Address _____

City/State _____

Telephone Number _____ Date of Birth _____

Address Verification (Parent/Legal Guardian) (Attach copy of document)

_____Rental contract

_____Real Estate Contract signed by all parties

_____Utilities Bill/Deposit Receipt

_____Other, such as payroll check, driver's license, W-4, employment documents

Basis for Admission of Student (Section 167.020, RSMo)

_____Resides with parent in the school district

_____Resides with legal guardian in the school district (Copy of court ordered guardianship must be attached. A guardian may be appointed for the sole and specific purpose of school registration).

_____Resides with a military guardian in the school district.

_____Homeless Child (person less than 21 years of age who lacks a fixed, regular and adequate nighttime residence), including a child who is:

_____ living on the street, in a car, abandoned building or other form of shelter not designated as a permanent home

_____ living in a community shelter facility

_____ living in transitional housing for less than one year

Give address or directions _____

_____

_____ Special circumstances (Section 167.151, RSMo)

_____ an orphan

_____ one parent living

_____ parents do not contribute to the student's support

_____ agriculture (all four of the following conditions must be met: owns real estate of which 80 acres or more are used for agricultural purposes, parent's residence is on the real estate, at least 35% of the real estate is in the district, parent notified district on or before June 30 that student would be attending)

_____ Resides with "Relative Caregiver" (Section 431.058, RSMo) A person 18 years of age or older who is related to the child by blood, marriage, or adoption who is not the parent and who represents that the child is living with the adult and that the adult is responsible for the care of the child and the parent has given consent.

_____ Parent is a teacher or a regular employee with the district (Board policy required – Section 163.011.2, RSMo, Secton 167.151, RSMo, Section 168.151 RSMo)

Other exemptions to the residency requirements (Section 167.020.6, RSMo)

_____ Attending school not in the pupil's district of residence as a participant in an inter-district transfer program established under a court-ordered desegregation program

_____ A ward of the state and has been placed in a residential care facility by state officials*

_____ Has been placed in a residential care facility due to a mental illness or developmental disability*

_____ Has been placed in a residential facility by a juvenile court*

_____ Has a disability identified under state eligibility criteria if the student is in the district for reason other than accessing the district's educational program

*The district of residence will be billed for the local tax effort for the student(s) attending under these circumstances.

Student Admission

Date of Student Admission _____

Student denied admission. Date of denial _____

Waiver requested. Date of request _____

WAIVER INFORMATION

Waiver requested by

_____Parent _____ Legal guardian _____Student (at least 18 years old)

_____ Other _____

Name of person/relative student resides with _____

Relationship _____

Address _____

City/State/Zip _____

Address Verification _____

Reason why student is living with person/relative _____

_____

Reasons showing hardship or good cause _____

_____

_____

Hearing

Hearing Date (must be within 45 days of request) _____

Student admitted pending decision on waiver request _____ Yes _____ No

If no, explain _____

Student Admission

Date of student admission _____

Waiver granted. Date waiver granted_____

Waiver denied. Date waiver denied_____

Students attending school pursuant to the above information may be counted for state aid purposes.

Non-resident Students

_____ Tuition

_____Tax credit tuition – Any person who pays a school tax in any other district than that in which he resides may send his children to any public school in the district in which the tax is paid and receive as a credit on the amount charged for tuition the amount of the school tax paid to the district (Section 167.151(3), RSMo)

_____Transportation Hardship as assigned by the commissioner of education (Section 167.121, RSMo)

_____ Attending a regional or cooperative alternative education program or an alternative education program on a contractual basis (Section 167.020.6, RSMo)

Non-resident students who may enroll and are not counted by the district for state aid.

North Platte R-I School District
Consent for Release of Information

Date of Request: _____

Student's Name: _____ Date of Birth: _____

We request the following information:

School Last Attended:
Name: _____
Address: _____
_____
Phone: _____

TO: **North Platte Elementary School**
300 Scout Street
Camden Point MO 64018

Phone: 816-450-3344 ext 1
Fax: 816-445-3764
E-Mail: amber.coons@nppanthers.org

Information Requested:
_____ Cumulative permanent school records
_____ Attendance Records
_____ Psychological reports
_____ Health Records
_____ Special Education Records (Including Active IEP & Current Diagnostic Summary)
_____ Other (Please specify)

Information is requested for the following reason(s):
_____ Transfer of student to this/another district
_____ New enrollment/re-enrollment
_____ Hospitalization
_____ Contractual Placement
_____ Other (Please specify)

_____ _____
Parent/Guardian Signature Date

N.P.E. Information

300 Scout Street
Camden Point, MO 64018
816-450-3344 Option 1

Principal- Kellie Goodlet, email: kellie.goodlet@nppanthers.org
Secretary- Amber Coons, email: amber.coons@nppanthers.org

Classes start at 8:00 am make sure your child arrives on time!
--NPE doors will unlock @ 7:15 am, students should not arrive before then. Preschool arrival time is 7:30 am
--Early buses arrive @ 7:20 am.
--Buses from Edgerton and Dearborn arrive around 7:40 am.
--Breakfast is served from 7:30-7:55 am each morning.

Breakfast costs $2.75 (reduced price $.30)
Lunch costs $3.50 (reduced price $.40)
Families must apply yearly for free and reduced prices. You will find the application in this packet. Please fill out and return to Mrs. Coons as soon as possible. You may pay lunches through Lumen (has a fee) or you can send in a check/cash in an envelope with your child's name on it. They can either give to Mrs. Coons or to their teacher and they will see that she gets it.

On P.E. days, please make sure your child wears tennis shoes or has a pair of tennis shoes at school.

When dropping off/picking up your child between 8:00 am and 2:45 pm, please park in the front (east side) of the building and come into the office to sign your child in/out. After 2:45 pm, only use the 30 min parking area since we will be preparing the other parking areas for our car riders at dismissal.

Parents that are picking students up at dismissal will wait in the car rider line and your child will be brought out to you. Parents will form a line on the east side of the school, facing north on Scout Street to drop off/pick up their child(ren).

If your child has an after-school schedule change, please call or email the office **before 2:00 pm**.

School dismisses at 2:57 pm
--Early bus riders and car riders leave @ 2:57 pm
--Late bus riders get on the bus @ 3:20 pm

Look for the monthly school calendar at the beginning of each month or check the school website www.nppanthers.org. We will also be using Class DoJo to communicate with parents. We are on FaceBook at North Platte R-1 School District. Please use the Lumen Parent Portal to check your child's grades and lunch/breakfast balance. If you need help logging in please contact the office.

I hope this information sheet helps. Please call or email me with questions or concerns you have throughout the year.

Thank you,
Mrs. Goodlet, Principal

C-105-P District Rules and Guides Form A
Student/Parent Handbook Acknowledgment

I acknowledge that I have received and reviewed the 2026-2027 Student/Parent Handbook. I understand the policies and guidelines of the District and that violations of these policies and guidelines may result in disciplinary action.

Parent/Guardian Signature

_____

Parent/Guardian Name (please print):

_____

Date: _____

*Students 18 years of age or older may sign this release form for themselves.

© Copyright 2020 EdCounsel, LLC

Throughout the school year, there may be times that the District staff, the media, or other organizations, with the approval of the school principal, may take photographs of students, audio/videotape students, or interview students for school-related stories in a manner that would individually identify a specific student. These images or interviews may appear in District publications, District-approved social media sites, in the news, or other organizations' publications.

I, Parent/Guardian of (please print) _____, provide to my child's school and to the District permission to use my child's photographs, image, and/or recordings for the purposes mentioned above. I understand and agree that the District may use these photos and/or videotaped images in subsequent school years unless I revoke this authorization by notifying the school principal in writing. Further, I consent that such photographs, images, recordings are the property of the school for District use clear of any claim on my part. I therefore agree to allow my child to be photographed, audio/videotaped, or interviewed by the news media or other organization for school related stories or articles.

Parent/Guardian Signature:

_____

Parent/Guardian Name (please print):

_____

Date:

_____

*Students 18 years of age or older may sign this release form for themselves.

© Copyright 2020 EdCounsel, LLC

Email Consent/Permission Form

The faculty of the District strives to communicate and work together with the parents and guardians of our students. Email is one tool that promotes convenient, two-way communication between families and teachers. Though the District network is secure, we cannot guarantee that an email sent from the District server will remain secure once it leaves our system. When teachers or administrators receive email from outside sources, the identity of the person cannot always be easily discerned.

Therefore, permission must be granted by the parent/guardian to allow teachers or administrators to use email for communication. To remain compliant with the Family Educational Rights and Privacy Act (FERPA), email will not be used to send grading, attendance, discipline information of students, or other personally identifiable information without permission to do so. The District also encourages parents to access the District's parent portal, a secure measure, to check your child's school information and progress.

I, Parent/Guardian of (please print) _____, provide to my child's school and to the District permission to email academic, attendance, discipline, or other personally identifiable information to the email address(es) listed below. I understand that by giving this permission, there is no guarantee that the information will be fully secure and do not hold the District liable for any inappropriate release of student information that may violate the FERPA regulations as a result of any email communication. Should your email address change, please contact the District.

Name of Student (please print:)

_____

Email Address(es):

_____

Parent/Guardian Signature

_____

Parent/Guardian Name (please print):

_____

Date:

_____

© Copyright 2020 EdCounsel, LLC

North Platte R-I School District
FERPA Release

Student Name: _____ Grade: _____

Please list any stepparents, grandparents or other caregivers that make education decisions or would request student records for your child. Natural parents or legal guardians (if court order in file) do not need to be listed.

I authorize the following person(s) to act on my behalf when making educational decisions and to have access to student records regarding my student.

Name: _____

Relationship to Student: _____

Name: _____

Relationship to Student: _____

Name: _____

Relationship to Student: _____

Name: _____

Relationship to Student: _____

_____ _____ _____

Parent/Guardian (Signature) Parent/Guardian (Print) Date

North Platte School

Reading Compact

For School-Home-Student

School Responsibilities:

North Platte teachers agree to carry out the following responsibilities:

- Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables the participating children to meet their academic goals
- Be aware of individual needs of each child so that we may address their strengths as well as their concerns
- Provide time for parent-teacher conferences at the end of first quarter
- Provide parents with quarterly reports on their children's progress

Parent Responsibilities:

We, as parents, will support our children's learning in the following ways:

- Monitoring attendance
- Providing a quiet place and time to do school work, then making sure that homework is completed
- Reading to or with my child on a daily basis
- Staying informed about my child's education and communicating with the school to support my child by promptly reading all notices from the school and responding appropriately

Parent/Family Member Signature _____

Student Responsibilities:

We, as students, will share the responsibility to improve our academic achievement and help us become more successful readers by:

- Doing my homework every day and ask for help when I need to
- Reading at least 15 minutes every day outside of school time
- Being at school on time
- Being responsible for my own behavior
- Giving my parents or family members all notices and information received from my school every day

Student Signature _____

North Platte Elementary School

Student Bus Transportation Information 2026-2027

Student Name _____

Parents Name _____

Home Address _____

Telephone Number _____

Grade _____ **Teacher** _____

MORNING

_____ No Bus-Car Rider. Will be brought to school.

_____ Bus Rider-Pick up at home

_____ Bus Rider - Pick up address/place _____

AFTER SCHOOL

_____ No Bus-Car Rider. Will be picked up from school

_____ Bus Rider-Drop off at home

_____ Bus Rider - Drop off address/place _____

DAYCARE PROVIDER

Provider Name _____ Phone _____

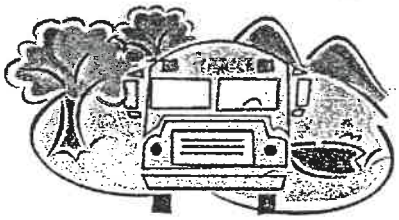
Provider Address _____

Please call 816-450-3344 Option 1 or email amber.coons@nppanthers.org with changes ***no later than 2:00pm****. Students with bus schedules that vary each week can be emailed to Mrs. Coons at the beginning of each week/month.*

_____ _____

Parent/Guardian Signature Date

Field Trip!



During the remainder of the school year we will be taking some trips from the elementary to local destinations. Some examples include going to North Platte High School to watch the school play and Field Day. This form doesn't include bigger trips like going to the zoo, AR Bash, and such. It is only for local trips like the ones above or walking to the Camden Point Park or library. Parents will be notified via Dojo if we plan on taking the students anywhere, but we won't send more permission forms for these local trips. Please sign and return this form.

My child, _____, can attend local trips with North Platte Elementary.

_____

(Parent/Guardian)

North Platte Elementary

Early Dismissal Procedure 2026-2027

If weather conditions (SNOW or ICE) occur during the school day and we need to dismiss early, the PANTHER ALERTS will be sent out to all parents as well as posted on our North Platte School District Facebook page.

We need for you to establish a procedure with your child to follow when we dismiss early. Please discuss your plan with your child (child should go home, to a babysitter, to a neighbor's house, etc.) and complete the following information so as to insure your child's safety.

We will follow these instructions unless notified of any change.

Should school be dismissed early due to **excessive weather conditions**, my child

_____

(Child's Name)

_____Will not ride a bus. He/she will be picked up at school

_____Will ride the bus home like usual

_____Will go to this place _____

Grade _____ Teacher _____

Parent's Signature _____

The above instructions are ONLY for unexpected early dismissals. Please send a separate note with instructions (if different from normal) for all planned early dismissals which are on the school calendar.

REQUEST FOR INFORMATION

(Complete one form per family)

Please answer the question below by checking the appropriate box. The following information is a request adopted by the General Assembly in 2010 requiring school districts to determine whether or not all children in a family have health insurance.

Does each child in your family have healthcare insurance?

☐ YES

☐ NO

MO HealthNet (Medicaid) is considered healthcare insurance.

If NO is checked the school district will provide the Does Your Child Need Healthcare Coverage form for the family.

Completion of this form is not a condition of determining meal eligibility. The Free and Reduced Price Meals Family Application will be reviewed regardless of your response to this Request for Information.

Submit this request with your Free and Reduced Price School Meals Family Application or return to your school/school district.

Printed name of parent/guardian: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

It is the policy of the Missouri Department of Elementary and Secondary Education not to discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs or employment practices as required by Title VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975 and Title II of the Americans with Disabilities Act of 1990, and the Americans with Disabilities Act of 2008 (ADAAA), the Genetic Information Non-Discrimination Act (GINA), or USDA Title VI.

Direct inquiries related to department employment practices to the Jefferson State Office Building, Human Resources Director, 205 Jefferson Street, Jefferson City, Missouri 65102-0480; telephone number 573-751-9619. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title VII/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 7th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-522-1775 or TTY 800-735-2966; fax number573-522-4883; email civilrights@dese.mo.gov

Anyone attending a meeting of the State Board of Education who requires auxiliary aids or services should request such services by contacting the Executive Assistant to the State Board of Education, Jefferson State Office Building, 205 Jefferson Street, Jefferson City, MO 65102-0480; telephone 573-751-4446 or TTY: 800-735-2966.

Inquiries or concerns regarding civil rights compliance by school districts or charter schools should be directed to the local school district or charter school Title IX/non-discrimination coordinator. Inquiries and complaints may also be directed to the Office for Civil Rights, Kansas City Office, U.S. Department of Education, One Petticoat Lane, 1010 Walnut Street, 3rd floor, Suite 320, Kansas City, MO 64106; telephone: 816-268-0550; TDD: 877-521-2172.

For Office Use Only
__ OK
__ Imm UTD
__ Needs follow up
__Needs Imm

Student Health Information Form

North Platte Elementary

2026-2027

Student Name: _____ **Grade:** _____

Allergies: **None____**

Please list any allergies (food, medication or insects) and reaction:

_____

_____

Does your student have a prescribed Epi Pen with an emergency action plan?

No___ Yes___ **If yes, please provide an epi pen to keep at school with action plan.**

_____

Medical Conditions: **None ____**

Please mark any medical conditions your student has been diagnosed with and medication taken (if any):

___**Asthma** - Does your student require a prescribed inhaler? No_____ Yes_____

If yes, please provide an inhaler and Asthma Action Plan to be kept at school.

___**ADHD** – Medication (if any): _____

To be given at school? No _____Yes_____ **If so, what time?** _____

___**Other** - List medical condition and medications taken, if any.

_____

Dispensing of Medications

____ I **give permission** for the school nurse OR other personnel to dispense over-the-counter medications (Tylenol, Ibuprofen, throat lozenges, etc.) for minor discomfort as well as medication prescribed by my child's physician. I understand that ALL medication
will be given according to label or physician instructions.

____ I **do NOT** give permission to the statement above.

Date: _____

Parent/Guardian Signature:_____

Dear Parent or Guardian:

Our school and the Missouri Department of Health and Senior Services, Office of Dental Health are offering a **FREE** oral health program to help prevent cavities. This program is offered to **ALL** children in Missouri, including those who visit a dentist every year. A person who has been trained will see your child and will wear gloves and use a disposable mouth mirror. **With consent** fluoride varnish will be applied to your child's teeth to help stop cavities. Fluoride varnish is safe for use in preventing and reversing small areas of early cavities and will be applied two times during the school year. The data from the oral health review is collected by the Office of Dental Health to better understand oral health needs of Missouri children.

Children participating will receive a free age-appropriate toothbrush, toothpaste, and information on oral health.

This service does not replace a regular dental check-up. It is recommended to visit a dentist at least once a year.

PARENT/GUARDIAN PLEASE COMPLETE AND SIGN THE FOLLOWING SECTION

There is **no cost, and insurance will not be billed** for the oral health review and fluoride varnish treatments, but you must give your consent.

☐**YES,** I want my child to receive an oral health review and two applications of fluoride varnish, 3 to 6 months apart.

☐**YES,** I want my child to receive an oral health review. I do not want my child to have the fluoride varnish.

☐**NO,** I do not want my child to take part in this oral health program.

Child's Name: _____ **Age:** _____ **Grade:** _____ **Teacher:** _____

Mark "ALL" that apply for Race:	**Mark "ONE" that applies for Ethnicity:**	**Mark "ONE" that applies for your child's dental insurance (data purposes only):**
☐ American Indian/Alaskan Native	☐ Hispanic	☐ Medicaid/Missouri Managed Care
☐ Asian	☐ Non-Hispanic	☐ Private Insurance
☐ Black/African American		☐ None
☐ Hawaiian or Other Pacific Islander		☐ Unknown/Not Provided
☐ White		

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

TO BE COMPLETED BY INDIVIDUAL CONDUCTING ORAL HEALTH REVIEW AND SENT HOME WITH CHILD.

Child's Name: _____ **Date:** _____

Your child received an oral health review today. This oral health review does **not** replace the normal, yearly dental check-up. Dental x-rays were **not** taken. The oral health review shows the following need for your child:

1. ☐ **No need for dental treatment.** Continue regular check-ups.

2. ☐ **Need dental treatment within 4-8 weeks,** possible cavity. Please make a dental appointment.

3. ☐ **Need urgent dental treatment within 24-48 hours,** due to toothache, cavity, or infection. Please make a dental appointment as soon as possible.

MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES
Office of Dental Health

Talk to your child about oral health! Visit our web page at oralhealth.mo.gov or scan the QR code with your phone.

For more information on where to find a dental home, please visit Delta Dental's Resource Guide at https://www.deltadentalmo.com/resourceguide.

NORTH PLATTE ELEMENTARY
300 Scout Street
Camden Point, MO 64018
(816)280-3422 Fax: (816)445-3764
Kellie Goodlet, Principal

NORTH PLATTE JR. HIGH SCHOOL
212 W. Sixth Street
Dearborn, MO 64439
(816)450-3350 Fax: (816)992-8955
Derek Colburn, Principal

NORTH PLATTE R-I SCHOOL DISTRICT

Ryan Davis, Superintendent
212 W. Sixth Street
Dearborn, MO 64439
(816)450-3511 Fax: (816)992-8727

NORTH PLATTE INTERMEDIATE
900 Lewis St
Edgerton, MO 64444
(816)790-3622 Fax: (816)227-3719
Kellie Goodlet, Principal

NORTH PLATTE SR. HIGH SCHOOL
212 W. Sixth Street
Dearborn, MO 64439
(816)450-3344 Fax: (816)992-8955
Derek Colburn, Principal

Dear North Platte Families,

This letter is to inform you of the yearly conducted health screenings that take place during the school year per the recommendations and standards set forth by the Missouri Department of Health and Senior Services. The purpose for these health screenings is to detect deviations at the earliest age possible. School screenings do not take the place of an examination by a licensed health care provider.

Hearing Screenings (Sept/Oct)

- Students in Pre-K, Kindergarten, 1st, 2nd, 3rd, 5th & 7th grades
- All new students K-12
- Special education K-12
- Any student referred by the teacher, parent, or self K-12

Vision Screenings (Sept/Oct and April/May)

- Students in Pre-K, Kindergarten, 1st, 2nd, 3rd, 5th & 7th grades
- All new students K-12
- Special education K-12
- Any student referred by the teacher, parent or self K-12

If you wish to opt your child out of a hearing or vision screening this year or have any questions regarding your child's screenings, please email me at: Lyndsay.Richardson@nppanthers.org

Sincerely,

Lyndsay Richardson, RN-BSN

North Platte R-1 District Nurse

(816) 450-3511

LETTER TO PARENTS
FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:
Children need healthy meals to learn. North Platte R-1 School District offers healthy meals every school day. Breakfast costs **$2.75**; lunch costs **$3.50. Your children may qualify for free meals or for reduced price meals.** Reduced price is **$.30** for breakfast and **$.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 **the Food Stamp Program/Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR)** or **Temporary Assistance/Temporary Assistance for Needy Families (TANF)**, 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.

Household Size	Annually	Monthly	Weekly
1	$29,526	$2,461	$568
2	40,034	3,337	770
3	50,542	4,212	972
4	61,050	5,088	1,175
5	71,558	5,964	1,377
6	82,066	6,839	1,579
7	92,574	7,715	1,781
8	103,082	8,591	1,983
For each add'l person add	+10,508	+876	+203

2. 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 or e-mail Ryan Davis, 816.450.3511 option 5, ryan.davis@nppanthers.org.
3. 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: 212 W 6th St., Dearborn, MO 64439.
4. 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 816.450.3511 option 5 immediately.
5. 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.
6. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC <u>may</u> be eligible for free or reduced price meals. Please send in an application.
7. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
8. 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.
9. 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:. Ryan Davis, 816.450.3511 option 5, ryan.davis@nppanthers.org
10. 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.
11. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you <u>normally</u> 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.
12. 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 <u>also</u> be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you <u>meant</u> to do so.
13. 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.
14. 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.
15. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for the Food Stamp Program/SNAP or other assistance benefits, contact your local assistance office or call 1-855-373-4636.

If you have other questions or need help, call 816.450.3511 OPTION 5.
Sincerely,
Ryan Davis, Superintendent

USDA Non-discrimination Statement:
In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are rohibited rom discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.
Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.
To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:
Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410;
1. Fax: (202) 690-7442; or
2. Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

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 North Platte R-1 School District. The application must be filled out completely to determine the eligibility your child(ren) 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 North Platte R-1 School District, 816.450.3511 option 5.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL CHILDREN, INFANTS, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants/toddlers, children not in school, and elementary/middle/high 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 formal foster arrangement through a court or state/local agency, or qualify as homeless, migrant, or runaway youth;
- Students attending North Platte R-1 School District, regardless of age.

A) List each child's name.	B) Building name/Grade.	C) Do you have any foster children?	D) Are any children homeless, migrant, or runaway?
Print each child's 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 (or a second application if completing electronically) with all required information for the additional children. This also applies to adults in Step 3. "MI" is short for middle initial. Print the first letter of each child's middle name in the box.	If child is a student, list building name and grade.	If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing **STEP 1**, go to **STEP 4**. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3. Note: Adopted children are not considered foster children. A foster child is a minor child who has been taken into state custody and placed with a state-licensed adult, who cares for the child in place of their parent or guardian.	If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application. Homeless, Migrant, Runaway status must be confirmed with the appropriate program staff. If the school district cannot confirm your student's homeless, migrant, or runaway status, then the school district will contact you to complete and income-based application. You may choose to provide income information now in order to prevent the school district from potentially needing to contact you later.

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

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

If no one in your household participates in any of the above listed programs:	If anyone in your household participates in any of the above listed programs:
• Check "No" in **STEP 2** and go to **STEP 3.**	• Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: State number 1-855-373-4636. • Go to **STEP 4.**

STEP 3: LIST ALL HOUSEHOLD MEMBERS AND INCOME FOR EACH MEMBER

How do I report my income?

- Use the lists titled **"Sources of Income for Adults"** & **"Sources of Income for Children,"** printed on the back side of the application form 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 and 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 also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.

- Mark how often each type of income is received using the check boxes to the right of each field.

(Information follows on the reverse side.)

3.A. REPORT INCOME EARNED BY ADULTS

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are 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.
  - Infants, Children and students already listed in **STEP 1.**

1) List adult household members' names. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Include college students, unless they are declared independently on taxes (all college students are considered adults). Do not list any household members you listed in **STEP 1.**	**2) List earnings from work.** List all total gross income from work in the "Earnings from Work" field on the application. total gross 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?*** 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.	**3) List income from public assistance/child support/alimony.** List all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.
4) List income from pensions/retirement/all other income. List all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.	**5) List 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 affects your eligibility for free and reduced price meals.	**6) Provide the last four digits of your Social Security Number.** An 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 Social Security Number."

3.B. LIST INCOME EARNED BY CHILDREN

List all income earned or received by children. List the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your 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.

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 statements on the back of the application.

Provide your contact information. Write your current mailing address in the fields provided if this information is available. If you have no permanent address, that is okay. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.	**Print and sign your name and write today's date.** Print the name of the adult signing the application and that person signs in the box "Signature of adult."	**Mail Completed Application to:** North Platte R-1 School District 212 W 6th St. Dearborn, MO 64439

OPTIONAL

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. This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws, and your response will not affect consideration of your application, and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.

Please return the application directly to your child's SCHOOL. DO NOT mail, fax, or email completed applications or questions about applications to the USDA Office of the Assistant Secretary for Civil Rights or your child's eligibility for free or reduced-price meals will be delayed.

This institution is an equal opportunity provider.

2026-27 Application for Free and Reduced Price School Meals

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

Date Received by LEA (LEA use only): _____

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	Building Name	Grade	Check all that apply: Foster Child	Homeless, Migrant, Runaway
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐

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 not 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 Income	How often received? Weekly	Every 2 Weeks	2x Month	Monthly
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○

Total Household Members (Children and Adults): ☐☐

Last four numbers of Social Security Number (SSN) of primary wage earner or other adult household member (If Applicable): X X X X ☐☐☐☐ Check if no Social Security Number ☐

Please see back of application 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: North Platte R-1 School District, 212 W 6th St., Dearborn, MO 64439

"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	Daytime Phone and Email (optional)

DO NOT FILL OUT THIS SECTION. THIS IS FOR SCHOOL USE ONLY.

ANNUAL INCOME CONVERSION: WEEKLY X 52, EVERY 2 WEEKS X 26, TWICE A MONTH X 24, MONTHLY X 12 (USE ONLY IF MULTIPLE FREQUENCY)

☐Food Stamps/Temporary Assistance Household size: _____ Total income: : _____ Per: ☐Week ☐Every 2 Weeks ☐Twice a Month ☐Month ☐Year

Eligibility: ☐Free ☐Reduced ☐Denied Reason: _____ Date withdrawn: _____

Error Prone Application: ☐Yes ☐No *(Optional – See FAQs)* Determining Official's Signature: _____ Date Approved/Denied: _____

Confirming Official's Signature (For Verification purposes only): _____ Date: _____

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
Earning 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 child has a regular full or part-time job where they earn a salary or wages • A child has a regular full or part-time job where they earn a salary or wages

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.

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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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.