

## Foster - Glocester Regional Schools

91 Anan Wade Road  
North Scituate, RI 02857  
401-710-7568



### Registration Form

School: \_\_\_\_\_

School Year: \_\_\_\_\_

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

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Grade: \_\_\_\_\_

YOG: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SASID (office use) \_\_\_\_\_

Has the student been enrolled in a RI School? ☐ Yes or ☐ No

If yes, which district? \_\_\_\_\_

Former School/Current School: \_\_\_\_\_

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

Street

State

Zip

Has the student ever been enrolled in Foster - Glocester Schools? ☐ Yes or ☐ No

If yes, which school? \_\_\_\_\_

### High School Students Only

Select the Pathway of choice : ☐ Not Pursing a Pathway ☐ Animal Science,

☐ Plant Science, ☐ Biomedical Science, ☐ Business, ☐ Computer Science, ☐ Criminal Justice,

☐ Health & Fitness/Emergency Medical Technician (EMT), ☐ Construction & Manufacturing

☐ Music Performance & Education, ☐ Music Technology, ☐ Pre-Engineering, ☐ Visual Arts

Student's **Physical** Home Address:

Street

Town

Zip

Student's **Mailing** Home Address:

Street

Town

Zip

Is Student Homeless: ☐ Yes or ☐ No Where do you pay taxes? ☐ Foster ☐ Glocester ☐ Out of District

If Out of District, to which town do you pay taxes: \_\_\_\_\_

Parent 1/Guardian 1: \_\_\_\_\_

Lives with: ☐ Yes or ☐ No

Relationship: \_\_\_\_\_

Address (if different from student):

Street

Town

Zip

Cell Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Place of Work: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

☐ Parent Active Armed Forces

### -Registration Information Continued-

Parent 2/Guardian 2: \_\_\_\_\_ Lives with: ☐ Yes or ☐ No

Relationship: \_\_\_\_\_

Address (if different from student):

\_\_\_\_\_

Street Town Zip

Cell Phone: (    ) \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_

Place of Work: \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

☐ Parent Active Armed Forces

**Are there any Legal Issues or dismissal restrictions that the school should be aware of?** ☐ Yes or ☐ No  
*If yes. A copy must be on file in the school*

<p>Priority 1 in an emergency Notify/Dismiss to:</p> <p>Name: _____</p> <p>Phone: _____ <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work</p> <p>Phone: _____ <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work</p> <p>Relationship: _____</p>	<p>Priority 2 in an emergency Notify/Dismiss to:</p> <p>Name: _____</p> <p>Phone: _____ <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work</p> <p>Phone: _____ <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work</p> <p>Relationship: _____</p>
<p>Priority 3 in an emergency Notify/Dismiss to:</p> <p>Name: _____</p> <p>Phone: _____ <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work</p> <p>Phone: _____ <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work</p> <p>Relationship: _____</p>	<p>Priority 4 in an emergency Notify/Dismiss to:</p> <p>Name: _____</p> <p>Phone: _____ <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work</p> <p>Phone: _____ <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work</p> <p>Relationship: _____</p>

**Phone numbers to be used for our School – to – Home Alert calling system**

Phone Alert 1: \_\_\_\_\_ Alert Email 1: \_\_\_\_\_

Phone Alert 2: \_\_\_\_\_ Alert Email 2: \_\_\_\_\_

Phone Alert 3: \_\_\_\_\_ Alert Email 3: \_\_\_\_\_

**Race (Please choose one or more):** ☐ White ☐ Black or African American ☐ Pacific Islander

☐ American Indian or Alaskan Indian ☐ Asian

Is English the first native language of the student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the student capable of performing ordinary classwork in English? If not, which language?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the student currently on an individual Education Plan? IEP	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the student currently on a 504 Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any court actions pending for this student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the student either Hispanic or Latino?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**-Registration Information Continued-**

**Please List Student Siblings Who Are Currently Enrolled in School:**

Name:		School:		Grade:	
Name:		School:		Grade:	
Name:		School:		Grade:	
Name:		School:		Grade:	
Name:		School:		Grade:	
Name:		School:		Grade:	
Name:		School:		Grade:	
Name:		School:		Grade:	

**Please List Student Siblings Who Are Not Currently Enrolled in School:**

Name:		School:		Grade:	
Name:		School:		Grade:	
Name:		School:		Grade:	
Name:		School:		Grade:	
Name:		School:		Grade:	
Name:		School:		Grade:	
Name:		School:		Grade:	
Name:		School:		Grade:	

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

## Affidavit of Residence

I, \_\_\_\_\_ being of lawful age and resident at \_\_\_\_\_, do under oath and penalties of perjury, depose and say:

1. I have resided in the town of Foster, Glocester or \_\_\_\_\_ in RI since \_\_\_\_\_.  
Town Date  
a. I ☐ own ☐ lease ☐ reside with \_\_\_\_\_ at the above residence.

2. I make this Affidavit for no improper purpose. I understand that claiming residency of school-aged children for the sole purpose of enrolling in Foster-Glocester Regional School District is a violation of RIGL 16-64-1.

3. The following Individuals reside with me at the above address:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

I certify under penalty of perjury under Rhode Island law that I know the contents of this Affidavit signed by me and the statements are true and correct. School Committee policy 5118-AD requires that residency must be established within a period of three months after the pupil is enrolled. Out-of- District residency must be established during enrollment.

Signature of Resident Owner

Date

Signature of Resident

Date

On this date of \_\_\_\_\_, before me personally appeared \_\_\_\_\_, to me, known to be the person described in and who executed the foregoing Affidavit and being first duly sworn on oath according to law deposes and says that he/she has read the foregoing Affidavit subscribed by him/her and that the matters stated herein are true to the best of his/her information, knowledge and belief.

Notary Stamp

Notary Public

Title

My commission expires on: \_\_\_\_\_

Ponaganset Middle School  
Health and Development History

Student's Last Name, First Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Last School Student Attended \_\_\_\_\_

Name of Doctor and Phone # \_\_\_\_\_

**Parent/Guardian:** According to district policy, if medication is needed during your child's school day, a completed Ponaganset medication form indicating the medication, dosage, and time the medicine is to be given must be submitted to the nurse. Written parent consent to administer the medication is required. **All medications, with the exception of Tylenol,** must have a written physician's order and parent consent. All medications must come in the labeled prescription bottle, or original labeled container for over-the counter medication. Inhalers are to be kept in the health office unless the child's primary care provider writes that the child "may carry" the inhaler.

**SEVERE ALLERGIES**

**BEE STING:** Yes \_\_\_\_\_ No \_\_\_\_\_ Reaction \_\_\_\_\_ Treatment \_\_\_\_\_

**PEANUT/NUT:** Yes \_\_\_\_\_ No \_\_\_\_\_ Reaction \_\_\_\_\_ Treatment \_\_\_\_\_

**FOOD:** Yes \_\_\_\_\_ No \_\_\_\_\_ Food(s) \_\_\_\_\_ Reaction \_\_\_\_\_ Treatment \_\_\_\_\_

**MEDICATION:** Yes \_\_\_\_\_ No \_\_\_\_\_ Drug \_\_\_\_\_ Reaction \_\_\_\_\_ Treatment \_\_\_\_\_

**OTHER ALLERGIES:** \_\_\_\_\_ Reaction \_\_\_\_\_ Treatment \_\_\_\_\_

**\* The school does not provide medication.** If your child has a severe allergy that requires an Epi-Pen, please send their Epi-pen to school. If your child requires Benadryl, or an Epi-pen following a severe allergic reaction, a physician's written order and parent/guardian's written consent is required to be on file. Please remember to provide the school with the necessary medication(s).

**Due to the Health Insurance Portability and Accountability Act (HIPAA) law,** we request that parents/guardians inform teacher(s), school staff, and transportation staff of health conditions that could affect your child during the school day.

Please check the health conditions that apply to your child and list treatments or medications taken for the health condition(s).

Health Problem	Yes	No	Treatment	Health Problem	Yes	No	Treatment
Arthritis/Rheumatic Disease				Diabetes-Type-1			
Asthma				Diabetes-Type-2			
Attention Deficit Disorder/hyperactivity				Eating Disorder			
Bleeding disorders/ Anemia				Epilepsy/ Seizure Disorders			
Cardiovascular conditions				Headache/Migraine			
Cerebral Palsy				Lyme			
Cystic Fibrosis				Tourettes Syndrome			

Other health problems \_\_\_\_\_

**\*This information will be kept confidential unless an emergency arises, or the nurse determines that the school team, transportation staff, or primary care provider have a need to know because of a specific health concern regarding your child. I give consent to share this information with the school team, transportation staff, and primary care provider if an emergency occurs or the nurse determines there is a need to know to ensure the health, safety, and well-being of your child. I understand that it's my (parent's/guardian's) responsibility to inform teacher(s) school staff, and transportation staff of my child's health conditions.**

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

COVID Testing Permission Form  
Tylenol/Ibuprofen Authorization Form

Grade: \_\_\_\_\_

School Year: 2021-22

Student Name: \_\_\_\_\_ Date of birth \_\_\_\_\_

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

**Permission to COVID test:** In the event that my child exhibits one symptom common to COVID 19 while at school, BinaxNOW antigen or PCR tests are available. Results will be reported to RIDOH. Students with a negative test may remain in school. Students with a positive test will be sent home. If testing is not permitted at school, students will be sent home until a test is received and/or symptoms have ended.

Yes, my child may receive a BinaxNOW and/or PCR COVID test at school \_\_\_\_\_

No, my child may not be tested. \_\_\_\_\_

I understand that special permission is required for the use of all medication by students during school hours. I request that my child be given the following Over the Counter Medication described below as authorized by me.

Acetaminophen (Tylenol) \_\_\_\_\_

Ibuprofen \_\_\_\_\_

Check one or both or none

**Voluntary notification of COVID vaccine status.**

This is not required for testing in school. This will assist the nurse and principal if contact tracing is needed at school.

Yes, my child has received the COVID vaccine \_\_\_\_\_ **Please attach proof of vaccination**

No, my child has not received the COVID vaccine \_\_\_\_\_

My child is not eligible for the vaccine at this time \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Angélica Infante-Green  
Commissioner

State of Rhode Island and Providence Plantations  
**DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION**  
Shepard Building  
255 Westminster Street  
Providence, Rhode Island 02903-3400

## Home Language Survey (HLS)

*To be completed by Parent or Guardian*

Dear Parent or Guardian,

The information requested on this form is necessary for the most appropriate school placement of your child, and will not be used for any other purposes<sup>1</sup>.

Thank you for your collaboration.

**Student Name:**

First Middle Last

**Date of Birth:**

**Place of Birth<sup>2</sup>:**

Month Day Year

Parent or Guardian Relationship to student:

☐ Mother ☐ Father ☐ Other

**Home Language Code:**

### Language Background

*(Please check all that apply)*

1. What is the primary language used in the home, regardless of the language spoken by the student?

☐ English ☐ Other

Specify

2. What is the language most often spoken by the student?

☐ English ☐ Other

Specify

3. What is the language that the student first acquired?

☐ English ☐ Other

Specify

4. What language(s) does your child understand?

☐ English ☐ Other

Specify

5. What language(s) does your child speak?

☐ English ☐ Other

Specify

☐ Does not speak

6. What language(s) does your child read?

☐ English ☐ Other

Specify

☐ Does not read

7. What language(s) does your child write?

☐ English ☐ Other

Specify

☐ Does not write

<sup>1</sup> Required by Rhode Island Law (R.I.G.L. § 16-54-2) and the Equal Educational Opportunity Act (20 U.S.C. §1703(f))

<sup>2</sup> Families are not required to provide the place of birth, but providing the information can help LEAs to better prepare to be culturally responsive.

Last Updated: 4/30/2020

Telephone (401)222-4600 Fax (401)222-6178 TTY (800)745-5555 Voice (800)745-6575 Website: [www.ride.ri.gov](http://www.ride.ri.gov)

The R.I. Board of Education does not discriminate on the basis of age, sex, sexual orientation, gender identity/expression, race, color, religion, national origin, or disability.

### Family Interview – Educational History

1. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.

Yes\* ☐ No ☐ Not sure ☐

\*If yes, please explain: \_\_\_\_\_

How severe do you think these difficulties are? ☐ Minor ☐ Somewhat severe ☐ Very severe

2a. Has your child ever been referred for a special education evaluation in the past? ☐ No ☐ Yes\*

\*If referred for an evaluation, has your child been identified? ☐ No ☐ Yes\*

\*If referred for an evaluation, and identified has your child ever received any special education services in the past?

☐ No ☐ Yes – Type of services received: \_\_\_\_\_

2b. Age at which services received (Please check all that apply):

☐ Birth to 3 years (Early Intervention) ☐ 3 to 5 years (Special Education) ☐ 6 years or older (Special Education)

2c. Does your child have an Individualized Education Program (IEP), or 504 plan? ☐ No ☐ Yes

3. In which language do you prefer to receive oral communications from the school or district?

☐ English ☐ Other \_\_\_\_\_

Specify

4. In which language do you prefer to receive written communications from the school or district?

☐ English ☐ Other \_\_\_\_\_

Specify

5. Indicate date first enrolled in ANY U.S. school \_\_\_\_\_

(mm/dd/yyyy)

Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.)

\_\_\_\_\_  
Signature of Parent or Guardian

Month: \_\_\_\_\_

Day: \_\_\_\_\_

Year: \_\_\_\_\_

Date

\_\_\_\_\_  
Print Parent/Guardian Name

#### OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLS

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

Position: \_\_\_\_\_

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS: \_\_\_\_\_

#### NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLS AND CONDUCTING INDIVIDUAL INTERVIEW

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

Position: \_\_\_\_\_

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS: \_\_\_\_\_

Oral Interview Necessary: ☐ YES ☐ NO

Date of Individual Interview: \_\_\_\_\_

Month Day Year

#### NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING THE LANGUAGE SCREENING ASSESSMENT

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

Position: \_\_\_\_\_

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS: \_\_\_\_\_

#### NAME/POSITION OF QUALIFIED PERSONNEL REPORTING THE LANGUAGE SCREENING SCORES

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

Position: \_\_\_\_\_

Date of Screener: \_\_\_\_\_

Month Day Year

Name of the Language Screening Assessment: \_\_\_\_\_

Score achieved: \_\_\_\_\_

Proficiency Level Achieved: Entering 1 ☐ / Beginning 2 ☐ / Developing 3 ☐ / Expanding 4 ☐ / Bridging 5 ☐ / Reaching 6 ☐

FOR STUDENTS WITH AN IEP OR 504 PLAN, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED:

## **Ponaganset Middle School Guidance Department**

**7 Rustic Hill Road  
North Scituate, RI 02857  
Telephone: (401) 710-7500  
Fax: (401) 647-1792**

Maureen Flowers, Guidance Counselor  
Patricia Vigneau, Guidance Counselor

Laura Medeiros, Guidance Secretary, ext. 2284  
Email: [lmedeiros@fgschools.com](mailto:lmedeiros@fgschools.com)

### **Glocester Bus Coordinators:**

Jackie and Kim  
Telephone: (401) 568-6206, ext. 239  
Email: [globusco@glocschoools.org](mailto:globusco@glocschoools.org)

### **Foster Bus Coordinators:**

Scott and Lynn  
Telephone: (401) 397-7415  
Email: [sbaton@ridesta.com](mailto:sbaton@ridesta.com)



### **Bus Assignments:**

Students are not allowed to take a different bus unless the Bus Coordinator is notified and he/she allows it. A note must be given to the Assistant Principal for his/her authorization.

### **Good attendance is important!**

### **Please call when your child is absent!**

To call your child out absent, follow the below directions:  
Call (401) 710-7500, press 2 for PMS, then press 1 for attendance or press 7 for the main office secretary. Thank you!



GLOCESTER BUS TRANSPORTATION FORM  
*Regional Middle and High School*

SCHOOL Ponaganset Middle School

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT GUARDIAN NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

TOWN AND ZIP \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
(If different)

STUDENT'S PHONE \_\_\_\_\_  
Home Cell

PARENT'S PHONE \_\_\_\_\_  
Home Work #1

Work #2 Cell #1 Cell #2

E-MAIL ADDRESSES \_\_\_\_\_

RIDES BUS A.M. \_\_\_\_\_ RIDES BUS P.M. \_\_\_\_\_  
YES OR NO YES OR NO

PLEASE LIST ANY SERIOUS MEDICAL CONDITIONS THAT MAY  
REQUIRE EMERGENCY INTERVENTION (CALLING 911) WHILE  
YOUR CHILD IS ON THE BUS. FOR EXAMPLE: SEIZURES, SEVERE  
ALLERGIES, DIABETES OR HEART CONDITONS.

# FOSTER SCHOOL DISTRICT

## SCHOOL BUS FORM

Please check one of the following:

- ☐ New Registration (A)  
☐ Change of Address (A)  
☐ Joint Custody (A & C)

- ☐ Withdrawal (A)  
☐ Transfer for Daycare Purposes (A & B)  
(Daycare needs to be for entire week - 5 days)

For Joint Custody & Daycare Purposes, this form is only valid for current school year. A new form must be completed before school starts each year.

**A**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_  
Current / Home Address

City: \_\_\_\_\_ State: R.I. Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_ Please Allow 3 Business Days

**B**

Daycare Provider's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: R.I. Zip Code: \_\_\_\_\_

(Please Check Below Which One Will Apply)

Daycare Phone: \_\_\_\_\_ ☐ Before School ☐ After School ☐ Both

Please Allow 3 Business Days

**C**

Parent / Guardian: \_\_\_\_\_

Joint Custody Address: \_\_\_\_\_

City: \_\_\_\_\_ State: R.I. Zip Code: \_\_\_\_\_

Joint Custody Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

(Please Check Which Days & Times Apply At The Joint Custody Address)

____ Mon	____ Tue	____ Wed	____ Thu	____ Fri
____ AM ____ PM	____ AM ____ PM	____ AM ____ PM	____ AM ____ PM	____ AM ____ PM

Please Allow 3 Business Days

**D**

*For Bus Company Completion* Effective Date: \_\_\_\_\_

A.M. Bus: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

P.M. Bus: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Ponaganset Middle School  
7 Rustic Hill Road  
North Scituate, RI 02857  
Telephone: 401-710-7500, Ext: 2275  
Fax: 401-647-1792

Student Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

I hereby authorize Ponaganset Middle School to obtain any and all records that are educational, confidential or medical in nature.

Release to: Ponaganset Middle School

7 Rustic Hill Road

North Scituate, RI 02857

Obtain records from: \_\_\_\_\_  
*Name of School or Institution*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City, State and Zip Code*

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Consent given by: \_\_\_\_\_  
*Please Print Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Relationship to student: \_\_\_\_\_

I understand that all records are protected under the state Confidentiality of Health Care Information Act as well as Family Education Rights and Privacy Act.

# NORTHWEST SPECIAL EDUCATION REGION

7 Rustic Hill Road, Glocester, RI 02857

Phone: 401-647-4106

**John Magner, Director**  
jmagner@northwestri.org

**Kyle Santos, Assistant Director**  
ksantos@northwestri.org

## Authorization for Release of Records

<b>Foster District</b>	<input type="checkbox"/> Captain Isaac Paine Elementary	
<b>Glocester District</b>	<input type="checkbox"/> Fogarty Memorial School	<input type="checkbox"/> West Glocester Elementary
<b>Foster-Glocester Region District</b>	<input type="checkbox"/> Ponaganset Middle School	<input type="checkbox"/> Ponaganset High School
<b>Scituate District</b>	<input type="checkbox"/> Clayville Elementary	<input type="checkbox"/> Scituate Middle School
	<input type="checkbox"/> Hope Elementary	<input type="checkbox"/> Scituate High School
	<input type="checkbox"/> North Scituate Elementary	

Please type or print clearly all information below:

<b>Student Name:</b> _____	<b>Date of Birth:</b> _____
<b>Home Address:</b> _____	
Street	Town State

☐ **Enrollment**      **Anticipated Date of Enrollment:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

<b>Last School Attended:</b>	<b>Name:</b> _____
	<b>Address:</b> _____
	<b>Telephone:</b> _____

☐ **Withdrawal**      **Anticipated Last Day?** \_\_\_\_\_ **Grade:** \_\_\_\_\_

<b>New School Information</b>	<b>Name:</b> _____
	<b>Address:</b> _____
	<b>Telephone:</b> _____

<b>I hereby authorize the Northwest Special Education Region to:</b>	<input type="checkbox"/> receive the following confidential information (for enrollment):
	<input type="checkbox"/> release the following confidential information (for withdrawal):
Entire contents of special education file, including, but not limited to, current IEP, evaluations, meeting summaries, disciplinary notes, etc., for the purpose of obtaining complete special education file now that we are the LEA responsible for this student due to change in residence. Any information received/released is protected by the Family Rights and Privacy Act (FERPA) and any other applicable laws, will be shared only with school employees/consultants with a legitimate educational interest and will not be relayed to any outside agency without additional written consent. Unless otherwise specified, this consent expires one calendar year after signature but may be revoked in writing at any time prior to this release of information.	

**Authorized by:** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_

**Relationship to student:** \_\_\_\_\_ **Tel #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The Northwest Special Education Region does not discriminate on the basis of age, sex, race, religion, National origin, color or disability in accordance with applicable laws and regulations.

## Immunizations for Rhode Island Students

### Required Immunizations

#### 6<sup>th</sup> Grade-requirements for entry

Name of vaccine	Diseases it protects against	Doses required
DTaP	Diphtheria, tetanus; pertussis	5
Hepatitis B vaccine	Hepatitis B	3
MMR	Measles, mumps, rubella	2
Polio vaccine	Polio	4
Varicella vaccine	Varicella (chickenpox)	2 *

#### 7<sup>th</sup> Grade – requirements for entry

Name of vaccine	Diseases it protects against	Doses required
HPV vaccine	Human papillomavirus	1 dose of a series of 3 doses
Meningococcal conjugate	Meningitis	1
Tdap	Diphtheria, tetanus, pertussis	1

#### 8<sup>th</sup> Grade – requirements for entry

Name of vaccine	Diseases it protects against	Doses required
HPV vaccine	Human papillomavirus	2 doses of a series of 3 doses

### Recommended immunizations

Flu: Everyone 6 months of age and older should be vaccinated against the flu every year.

Hepatitis A: All children should be vaccinated against hepatitis A when they are 1 year old.

### More information

More information about these requirements, see [www.health.ri.gov/immunization/for/schools](http://www.health.ri.gov/immunization/for/schools)

If you have questions about the immunizations that students need, contact the Rhode Island Department of Health at 401-222-5960 / RI Relay 711.

A signed note by a doctor stating that the child has had a history of chickenpox can meet the requirement for varicella immunizations.

\*\* A 3-dose HPV immunization requirement is being phased in. For fall 2015, 1 dose will be required for 7<sup>th</sup> graders. For fall 2016, one dose will be required for 7<sup>th</sup> graders and 2 doses will be required for 8<sup>th</sup> graders. For fall 2017, 1 dose will be required for 7<sup>th</sup> graders, 2 doses will be required for 8<sup>th</sup> graders, and 3 doses will be required for 9<sup>th</sup> graders.



**Ponaganset Middle School**  
***Suggested School Supply List for All Grades***

Pens  
Pencils with erasers  
Colored Pencils  
Magic Parkers  
Highlighters  
Expo Markers  
Single Subject Notebooks  
2 pocket folders (plastics ones last longer but paper works fins)  
2" binders (1)  
Earbuds (Dollar Store ones work)  
Sketch Pads (Job Lot has inexpensive ones)

Shorts, T-shirts & Sneakers for Physical Education\*  
Clorox/Lysol Wipes, not necessary but will never be refused

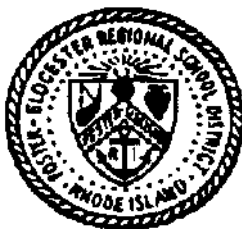
**\*Clothing for Physical Education must be different than clothes worn to school**

# FOSTER-GLOCESTER PUBLIC SCHOOLS

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SUPERINTENDENT

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August 2021

Dear Parent/Guardian:

Children need healthy meals to learn. **Foster/Glocester Regional School District** offers healthy meals every school day. Breakfast costs **\$1.25**; lunch costs **\$3.00**. **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.

## WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from **RI SNAP, the Food Distribution Program on Indian Reservations (FDPIR)** or **RI 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.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2021 - 2022			
Household size	Yearly	Monthly	Weekly
1	\$ 23,828	\$1,986	\$459
2	\$ 32,227	\$ 2,686	\$ 620
3	\$ 40,626	\$ 3,386	\$ 782
4	\$ 49,025	\$ 4,086	\$ 943
5	\$ 57,424	\$ 4,786	\$ 1,105
6	\$ 65,823	\$ 5,486	\$ 1,266
7	\$ 74,222	\$ 6,186	\$ 1,428
8	\$ 82,621	\$ 6,886	\$ 1,589
Each additional person:	+ \$ 8,299	+ \$ 700	+ \$ 162

1. **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 **Karleen Murray at [kmurray@fgschools.com](mailto:kmurray@fgschools.com) or 401-710-7500 ext. 7573.**
2. **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: **Antonia Hays; 91 Anan Wade Road; North Scituate, RI 02857 or email to : [ahays@fgschools.com](mailto:ahays@fgschools.com)**

3. 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 **Antonia Hays; 91 Anan Wade Road; North Scituate, RI 02857** or email to : [ahays@fgschools.com](mailto:ahays@fgschools.com) immediately.
4. 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, through **September 30, 2021**. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
5. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
6. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
7. 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.
8. 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: **Antonia Hays; 91 Anan Wade Road; North Scituate, RI 02857** or call **401-710-7573** or email to : [ahays@fgschools.com](mailto:ahays@fgschools.com)
9. 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.
10. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
11. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
12. 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, 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.
13. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact **Antonia Hays; 91 Anan Wade Road; North Scituate, RI 02857** or call **401-710-7573** or email to : [ahays@fgschools.com](mailto:ahays@fgschools.com)
14. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? Your family may be eligible for the Supplemental Nutrition Assistance Program (SNAP) or other programs. To find out if you qualify or to learn more, contact the **URI SNAP Outreach Project** at [1-866-306-0270](tel:1-866-306-0270).

If you have other questions or need help, call **401-710-7573**

Sincerely,

*Antonia Hays* - Bookkeeper

# HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

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

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 Foster/Glocester Regional School District. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact **Antonia Hays; 91 Anan Wade Road; North Scituate, RI 02857; 401-710-7573** or email to : [ahays@fgschools.com](mailto:ahays@fgschools.com)

## **STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12**

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

**Who should I list here?** When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending Foster/Glocester Regional School District, regardless of age.

**A) List each child's name.** 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 with all required information for the additional children.

**B) Is the child a student at Foster/Glocester Regional School District?** Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend Foster/Glocester Regional School District. If you marked 'Yes,' write the grade level of the student in the 'Grade' column to the right.

**C) Do you have any foster children?** If any children listed are foster children, mark the "Foster Child" box next to the child's name. 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.

**D) Are any children homeless, migrant, or runaway?** 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.

## **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) or RI SNAP.
- Temporary Assistance for Needy Families (TANF) or RI TANF.
- The Food Distribution Program on Indian Reservations (FDPIR).

**A) If no one in your household participates in any of the above listed programs:**

- Leave **STEP 2** blank and go to **STEP 3**.

**B) If anyone in your household participates in any of the above listed programs:**

- 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: **Antonia Hays; 91 Anan Wade Road; North Scituate, RI 02857; 401-710-7573** or email to : [ahays@fgschools.com](mailto:ahays@fgschools.com)
- Go to **STEP 4**.

## **STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS**

**How do I report my income?**

- Use the charts titled "**Sources of Income for Adults**" and "**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
  - 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.

### 3.A. REPORT INCOME EARNED BY CHILDREN

**A) Report all income earned or received by children.** Report 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.

### 3.B 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.**

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

**C) Report earnings from work.** Report all income from work in the “Earnings from Work” field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

**What if I am self-employed?** Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

**D) Report income from public assistance/child support/alimony.** Report 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.

**E) Report income from pensions/retirement/all other income.** Report all income that applies in the “Pensions/Retirement/ All Other Income” field on the application.

**F) Report total household size.** Enter the total number of household members in the field “Total Household Members (Children and Adults).” This number **MUST** be equal to the number of household members listed in **STEP 1** and **STEP 3.** If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.

**G) 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 SSN.”

## STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

**All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.**

**A) Provide your contact information.** Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

**B) Print and sign your name.** Print the name of the adult signing the application and that person signs in the box “Signature of adult.”

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

**D) Share children’s racial and ethnic identities (optional).** On the back of the application, we ask you to share information about your children’s race and ethnicity. This field is optional and does not affect your children’s eligibility for free or reduced price school meals.

2021-2022 RI Prototype Household Application for Free and Reduced Price School Meals

Apply online: INSERT URL HERE

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

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."

Children in **Foster care** and children who meet the definition of **Homeless, Migrant or Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

Child's First Name	MI	Child's Last Name	School	Grade	Student? Yes No	Foster Child	Homeless, Migrant, Runaway
					<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

If NO > Go to STEP 3. If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

**A. Child Income**

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child income \$

How often? ☐ Weekly ☐ Bi-Weekly ☐ 2x Month ☐ Monthly

**B. All Adult Household Members (including yourself)**

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) 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?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
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Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

Check if no SSN ☐

STEP 4 Contact information and adult signature. Mail Completed Form To: INSERT YOUR SCHOOL/DISTRICT MAILING 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 (check) 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."

Street Address (if available)  Apt #

City  State  Zip

Daytime Phone and Email (optional)

Printed name of adult signing the form

Signature of adult

Today's date

## INSTRUCTIONS

## Sources of Income

Sources of Income for Children	
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security <ul style="list-style-type: none"> <li>- Disability Payments</li> <li>- Survivor's Benefits</li> </ul>	- 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
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
<ul style="list-style-type: none"> <li>- Salary, wages, cash bonuses</li> <li>- Net income from self-employment (farm or business)</li> </ul> <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> <li>- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</li> <li>- Allowances for off-base housing, food and clothing</li> </ul>	<ul style="list-style-type: none"> <li>- Unemployment benefits</li> <li>- Worker's compensation</li> <li>- Supplemental Security Income (SSI)</li> <li>- Cash assistance from State or local government</li> <li>- Alimony payments</li> <li>- Child support payments</li> <li>- Veteran's benefits</li> <li>- Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>- Social Security (including railroad retirement and black lung benefits)</li> <li>- Private pensions or disability benefits</li> <li>- Regular income from trusts or estates</li> <li>- Annuities</li> <li>- Investment income</li> <li>- Earned interest</li> <li>- Rental income</li> <li>- Regular cash payments from outside household</li> </ul>

## OPTIONAL

## Children's Racial and Ethnic Identities

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): Race ☐ Hispanic or Latino ☐ Not Hispanic or Latino  
(check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPRI) case number or other FDPRI identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

**To file a program complaint of discrimination**, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), 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  
Washington, D.C. 20250-9410

fax: (202) 690-7442; or  
email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

Further, the Rhode Island Department of Education does not discriminate on the basis of age, sex, sexual orientation, gender identity/expression, race, color, religion national origin or disability. To file a complaint of discrimination with the State of Rhode Island, write to the Rhode Island Department of Education, Office of Equality and Access, 255 Westminster Street, Providence RI 02903 or call (401) 222-8979.

## Do not fill out

## For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12

Total Income		How often?		Household Size		Eligibility:		
<input type="text"/>		Weekly	Bi-Weekly	2x Month	Monthly	Free	Reduced	Denied
<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Determining Official's Signature		Date		Confirming Official's Signature		Categorical Eligibility <input type="checkbox"/>		
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		
Verifying Official's Signature		Date		Verifying Official's Signature		Date		
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		