STUDENT REGISTRATION FORM

<table>
<thead>
<tr>
<th>Students Legal Last Name</th>
<th>Legal First Name</th>
<th>Legal Middle Name</th>
<th>Nickname</th>
<th>Entering Grade</th>
<th>Male □</th>
<th>Female □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Date</td>
<td>Birth City</td>
<td>Birth State</td>
<td>Birth Country</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If birth country is not US, what was this student’s initial enrollment date in a US school (excluding private school and preschool)?

PRIMARY GUARDIAN INFORMATION: Name(s) of person(s) with whom student is living.

<table>
<thead>
<tr>
<th>Guardian Last Name</th>
<th>Guardian First Name</th>
<th>Relationship to Student</th>
<th>Email Address</th>
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</thead>
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<thead>
<tr>
<th>Home and/or Cell Phone</th>
<th>Work Phone</th>
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<table>
<thead>
<tr>
<th>Guardian Last Name</th>
<th>Guardian First Name</th>
<th>Relationship to Student</th>
<th>Email Address</th>
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<table>
<thead>
<tr>
<th>Home Resident Address (street)</th>
<th>Apt#</th>
<th>City</th>
<th>Zip Code</th>
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<tbody>
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<td></td>
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<table>
<thead>
<tr>
<th>Mailing Address (if different than above)</th>
<th>Apt#</th>
<th>City</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

SECOND HOUSEHOLD INFORMATION: Non-primary custodial parent

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Relationship to Student</th>
<th>Email Address</th>
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<tbody>
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<tr>
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<th>Work Phone</th>
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<th>First Name</th>
<th>Relationship to Student</th>
<th>Email Address</th>
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<th>Work Phone</th>
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</tr>
</thead>
<tbody>
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</tbody>
</table>

SIBLINGS: Please list all other siblings attending school in the Garfield-Palouse Districts.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>School</th>
<th>Entering Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
EMERGENCY INFORMATION: List two local persons (other than yourself) usually available during the school day who have agreed to care for and provide transportation for your student if he/she becomes ill or injured and you cannot be reached. We attempt to contact parents first.

<table>
<thead>
<tr>
<th>Name of contact person</th>
<th>Relation to Student</th>
<th>Day Phone</th>
<th>Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

I authorize the school to release my students to the person(s) listed above.

Legal Parent/Guardian Signature: ________________________________________

***ồng***  >r

Legal Information (if applicable)

Is there a joint-custody or parenting plan in effect? [ ] Yes [ ] No  If yes, plan must be on file with the school for enforcement.
Is there a restraining order in effect? [ ] Yes [ ] No  If yes, court order must be on file with the school.
Restraining order is against: [ ] Mother [ ] Father [ ] Other: ________________

MILITARY FAMILY: Verify Military Family (required)

<table>
<thead>
<tr>
<th></th>
<th>Does a Parent or Guardian currently serve as a member of the active duty U.S. Armed Forces?</th>
<th>Y or N</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>R</td>
<td>Does a Parent or Guardian currently serve as a member of the reserves of the U.S. Armed Forces?</td>
<td>Y or N</td>
</tr>
<tr>
<td>G</td>
<td>Does a Parent or Guardian currently a member of the Washington National Guardians?</td>
<td>Y or N</td>
</tr>
<tr>
<td>M</td>
<td>Does more than one Parent or Guardian qualify for A, R, or G?</td>
<td>Y or N</td>
</tr>
<tr>
<td>N</td>
<td>No Parent or Guardian is currently serving the US Armed Forces or National Guard</td>
<td>Y</td>
</tr>
<tr>
<td>Z</td>
<td>I prefer not to answer</td>
<td></td>
</tr>
</tbody>
</table>

OTHER PERTINENT INFORMATION:

<table>
<thead>
<tr>
<th></th>
<th>Y or N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has your student ever qualified for or been enrolled in a Special ED program?</td>
<td></td>
</tr>
<tr>
<td>Has your student ever qualified for or had a 504 plan?</td>
<td></td>
</tr>
</tbody>
</table>

Verification:

I verify that the above information on the Student Registration Form is true and accurate as of this date.

Legal Parent/Guardian Signature: ______________________  Date: _____________
# Garfield-Palouse Schools

- **A Cooperative Effort-**

600 East Alder Street  
Palouse, WA 99161

Phone: 509-878-1921  
Fax: 509-878-1675

810 N. 3rd Street or PO Box 398  
Garfield, WA 99130

Phone: 509-635-1331  
Fax: 509-635-1332

Internet: [www.garpal.net](http://www.garpal.net)

---

## PARENT (GUARDIAN) PERMISSION FOR RELEASE OF STUDENT RECORDS

<table>
<thead>
<tr>
<th>STUDENT'S NAME</th>
<th>GRADE</th>
<th>DATE OF BIRTH</th>
</tr>
</thead>
</table>

The above student has enrolled in our school. Please send the following records:

- permanent
- attendance
- health
- discipline
- special education

**HIGH SCHOOL STUDENTS also include:**

* test scores
* transcript
* grades at time of withdrawal (letter grade and percentage grade)

**TO:** ATT: Registrar  
Garfield or Palouse School (addresses above)

Name and Address of Former School: ________________________________

Phone: ____________________________

Fax: ____________________________

---

I acknowledge notification of this transfer of records as required by the Family Education Rights and Privacy Act of 1974 and understand that I have a right to receive a copy at my own expense, if requested, and have an opportunity for a hearing to challenge the content of the records. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent.

Date: ____________________

Parent’s or adult student’s signature

Relationship to student

Street Address

City, State, Zip
NEW STUDENTS

• **A birth certificate or other official verification of age** (such as a passport or visa) is requested for students who have not previously enrolled in school. If you do not have any of the above forms of documentation see the office for more information and enrollment support.
• Kindergarten students must be 5 on or before Aug. 31; first graders must be 6.
• If you are homeless, your child will not be denied enrollment. Please fill out the Student Housing Questionnaire or call the school to talk to the school liaison.

**Don’t have a birth certificate?**

Born in Washington: Colfax Health Department  
509-397-6280

Born in Idaho: Bureau of Vital Statistics  
208-334-5988

Born in Montana: Bureau of Records and Statistics  
406-444-2614

Born in Oregon: Vital Statistics  
503-229-5710

If you need help obtaining documentation for enrollment please contact the office. **Garfield 509-635-1331 Palouse 509-878-1921**
Recently, the federal government expanded the categories for student ethnicity and race data. Because of these changes, we need to ask you to identify your child as Hispanic/Latino or not Hispanic/Latino and by one or more racial groups.

Washington state now has 222 racial categories to choose from. If one parent identifies with one race and the other parent with another, you will be able to check both races for your child.

### Question 1: Is your child of Hispanic or Latino origin? (Please check ALL that apply)

<table>
<thead>
<tr>
<th>Category</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>White/Black/African American</td>
<td>Not Hispanic/Latino, Hispanic, Asian, Caribbean, Latin American, Pacific Islander/Native Hawaiian, Other Pac. Islander (Write In), Hispanic/Latino (Write In)</td>
</tr>
<tr>
<td>Asian</td>
<td>Asian Indian, Bangladeshi, Bhutanese, Burmese/Myanmar, Cambodian/Khmer, Chinese, Filipino, Hmong, Indonesian, Japanese, Korean, Lao, Malaysian, Mongolian, Nepali, Okinawan, Pakistani, Punjabi, Singaporean, Sri Lankan, Taiwanese, Thai, Tibetan, Vietnamese</td>
</tr>
<tr>
<td>Caribbean</td>
<td>Anguillian, Antiguan, Bahamian, Barbadian, Barthelemy/Barthelmoises, British Virgin Islander, Caymanian, Cuban, Dominican, Dominican (Dominican Republic), Grenadian, Guadeloupean, Haitian, Jamaican, Martincquis/ Martiniquaise, Montserratian, Puerto Rican</td>
</tr>
<tr>
<td>Latin American</td>
<td>Argentine, Belizian, Bolivian, Brazilian, Chilean, Colombian, Costa Rican, Ecuadorian, El Salvadoran, Falkland Islander, Guatemalan, Honduran, Mexican, Nicaraguan, Panamanian, Paraguayan, Peruvian, Puerto Rican, Surinamese, Venezuelan</td>
</tr>
<tr>
<td>Middle Eastern/North African</td>
<td>Algerian, Amazigh or Berber, Arab or Arabic, Assyrian, Bedoui, Chaldean, Copt, Druze, Egyptian, Emiri, Iranian, Iraqi, Kazakh, Jewish, Kurdish, Libyan, Moroccon, Cypriot, Palestinian, Syrian, Tamil, Yemini</td>
</tr>
<tr>
<td>East African</td>
<td>Burundian, Comoran, Djibouti, Enterian, Ethiopian, Kenyan, Malagasy, Malawian, Mahoran (Mayotte), Mozambican, Other Pac. Islander (Write In), Zambian, Zimbabwean</td>
</tr>
<tr>
<td>West African</td>
<td>Angolans, Beninese, Bissau-Guineans, Burkina Faso, Cabo Verdian, Ivorian (Cote d'Ivoire), Gambian, Ghanaian, Guinean, Malian, Mauritanian, Mozambican, Portuguese, Senegalese, Sierra Leonean, Togolese</td>
</tr>
<tr>
<td>South African</td>
<td>Angolans, Botswanan, Mosotho (Lesotho), South African, Swazi, Namibian, Zimbabwean</td>
</tr>
</tbody>
</table>

### Question 2: What race(s) do you consider your child? (Please check ALL that apply)

<table>
<thead>
<tr>
<th>Category</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washington State Tribes/Alaskan Native</td>
<td>American Indian/Alaskan Native, Chinook Tribe, Confederated Tribes and Bands of the Yakama Nation, Confederated Tribes of the Chehalis Reservation, Confederated Tribes of the Colville Reservation, Cowitz Indian Tribe, Duwamish Tribe, Hoh Indian Tribe, Jamestown S'Klallam Tribe, Kalispel Indian Community of the Kalispel Reservation, Klickitat Indian Nation, Lower Elwha Tribal Community, Lummi Tribe of the Lummi Reservation, Makah Indian Reservation, Makah Indian Reservation, Marietta Band of Nooksack Tribe, Muckleshoot Indian Tribe, Nezquliyuq Indian Tribe, Nooksack Indian Tribe of Washington, Port Gamble S'Klallam Tribe, Puyallup Tribe of Puyallup Reservation, Quileute Tribe of the Quileute Reservation, Quinault Indian Nation, Samish Indian Nation, Sauk-Suiattle Indian Tribe of Washington, Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation, Skokomish Indian Tribe, Snohomish Tribe, Snoqualmie Indian Tribe, Snoqualmie Tribe, Spokane Tribe of the Spokane Reservation, Squaxin Island Tribe of the Squaxin Island Reservation, Steilacoom Tribe, Stillaguamish Tribe of Indians of Washington, Suquamish Indian Tribe of the Port Madison Reservation, Swinomish Indian Tribal Community, Tulalip Tribes of Washington</td>
</tr>
<tr>
<td>Alaskan Native</td>
<td>(Write In)</td>
</tr>
<tr>
<td>American Indian</td>
<td>(Write In)</td>
</tr>
<tr>
<td>Eastern European</td>
<td>(Write In)</td>
</tr>
<tr>
<td>European</td>
<td>(Write In)</td>
</tr>
<tr>
<td>Latin American</td>
<td>(Write In)</td>
</tr>
<tr>
<td>Pacific Islander/Native Hawaiian</td>
<td>Native Hawaiian/Other Pacific Islander, Caribbean, Carolinian, Chamorro, Chamerion, Chukese, Chukchi, Fijian, Kiribati/Gilbertese, Kosraeani, Marshallese, Native Hawaiian, Ni-Vanuatu, Palauan, Papuan, Papuan, Pohnpeian, Samoan, Solomon Islander, Tahitian, Tongan, Tuvaluan, Yapese</td>
</tr>
<tr>
<td>Other Pac. Islander</td>
<td>(Write In)</td>
</tr>
</tbody>
</table>

Name of Student: __________________________
The Home Language Survey is given to all students enrolling in Washington schools.

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Grade:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian Name</td>
<td>Parent/Guardian Signature</td>
<td></td>
</tr>
</tbody>
</table>

Right to Translation and Interpretation Services
Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.

| All parents have the right to information about their child’s education in a language they understand. |
| 1. In what language(s) would your family prefer to communicate with the school? |

Eligibility for Language Development Support
Information about the student’s language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.

| 2. What language did your child learn first? |
| 3. What language does your child use the most at home? |
| 4. What is the primary language used in the home, regardless of the language spoken by your child? |
| 5. Has your child received English language development support in a previous school? Yes [ ] No [ ] Don’t Know [ ] |

Prior Education
Your responses about your child’s birth country and previous education:
- Give us information about the knowledge and skills your child is bringing to school.
- May enable the school district to receive additional federal funding to provide support to your child.

| 6. In what country was your child born? |
| 7. Has your child ever received formal education outside of the United States? (Kindergarten – 12th grade) [ ] Yes [ ] No |
| If yes: Number of months: |
| Language of instruction: |
| 8. When did your child first attend a school in the United States? (Kindergarten – 12th grade) |
| Month | Day | Year |

This form is not used to identify students’ immigration status.

Thank you for providing the information needed on the Home Language Survey. Contact your school district if you have further questions about this form or about services available at your child’s school.

Note to district: This form is available in multiple languages on http://www.k12.wa.us/MigrantBilingual/HomeLanguage.aspx. A response that includes a language other than English to question #2 or question #3 triggers English language proficiency placement testing. Responses to questions #1 or #4 of a language other than English could prompt further conversation with the family to ensure that #2 and #3 were clearly understood. "Formal education" in #7 does not include refugee camps or other unaccredited educational programs for children.
Permission for Publication, Emergency Treatment, General Field Trips, Handbook Acknowledgement

Publications:

Students name, pictures, and/or copies of laudable schoolwork will be published in the yearbook, school papers, and perhaps in the regional media when appropriate.

Permission for Emergency Treatment:

If I cannot be personally contacted, I hereby authorize permission for medical treatment from a licensed physician, or licensed emergency personnel to administer emergency treatment to my child.

Permission for General Field Trips:

I give permission to attend all ASB and school sponsored, non-overnight activities and/or field trips that use school district transportation. If you have any questions, please do not hesitate to contact either the Garfield School District at 509-635-1331, or the Palouse School District at 509-878-1921.

My son/daughter agrees to follow school rules and represent Garfield and Palouse School Districts in a positive manner.

Handbook Acknowledgement:

I acknowledge that I have read the Garfield-Palouse Student Handbook that is on our website at www.garpal.net. I understand the contents, and will follow the guidelines and rules as set forth in said handbook.

By signing this form you are allowing/agreeing with all of the above unless you contact the school district regarding any of these issues.

Parent/Guardian Signature: ___________________________ Date: ___________
GARFIELD-PALOUSE SCHOOL DISTRICTS
Internet User Release Form

As a condition of my right to use the K-20 Network to access public networks such as the Internet, I understand and certify that I will abide by the conditions set forth in this document and in the K-20 Network Acceptable Use Guidelines document:

1. That the network administrator in my building has the right to review any material stored in K-20 files and to edit or remove any material which they, in their sole discretion, believe may be unlawful, obscene, abusive, or otherwise objectionable and I hereby waive any right of privacy which I may otherwise have to such material.

2. That the Garfield-Palouse School Districts/K-20 will not be liable for any direct or indirect, incidental, or consequential damages due to information gained and/or obtained via use of the K-20 Network, including without limitation, access to public networks.

3. The Garfield-Palouse School Districts/K-20 does not warrant that the functions of K-20 or any of the networks accessible through K-20 will meet any specific requirements you may have or that K-20 will be error free or uninterrupted.

4. That the Garfield-Palouse School Districts/K-20 will not be liable for any direct or indirect, incidental, or consequential damages (including lost data or information) sustained or incurred in connection with the use, operation, or inability to use K-20.

5. That the use of the K-20 Network, including use to access public networks, is a privilege which may be revoked by the building network administrator at any time for violation of the K-20 Network Acceptable Use Guidelines. Network administrators will be the sole arbiter(s) of what constitutes a violation.

In consideration for the privilege of using K-20 and in consideration for having access to the public networks, I hereby release the Garfield-Palouse School Districts, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my use, or inability to use, the K-20 Network.

Printed Name of User

Date

Signature of User

Student’s Parent’s signature

Internet Access (10/17)
Garfield-Palouse Schools
Health Registration Form

GRADE: ______________________

Student’s Name: ____________________________ Birthdate: ______________________

Doctor’s Name: ____________________________ Phone Number: ______________________

Does your child have any of the following health conditions?

____ No____ Yes Allergy to food What food? ____________________________

____ No____ Yes Allergy to bees

____ No____ Yes Allergy to medications Specify ____________________________

____ No____ Yes Diabetes

____ No____ Yes Seizure disorder/convulsions

Type and date of last seizure ____________________________

____ No____ Yes Asthma, regularly takes medication for asthma or has been hospitalized within the last five (5) years for asthma

____ No____ Yes Heart condition ____________________________

____ No____ Yes Behavioral/emotional concern ____________________________

____ No____ Yes Orthopedic (bone) condition ____________________________

____ No____ Yes Other health conditions ____________________________

Medications at school: State law requires written permission from both health care provider and parent before any medication (prescription or over the counter) can be given at school.

____ No____ Yes Daily medicine at school? ____________________________

____ No____ Yes “As Needed” medicine at school, i.e. EPI Pen, Benadryl, Albuterol Inhaler, Tylenol, etc. Name of medicine: ____________________________

Does your child have any other conditions that would affect his/her classroom performance or P. E. activities?

____ No____ Yes Describe ____________________________

____ No____ Yes Glasses/contacts ____________________________

____ No____ Yes Hearing aids ____________________________

The above information is considered confidential. It will be shared with school staff as needed during the time your child is enrolled in the school district in order to insure the health and safety of your child, unless otherwise requested by you in writing. In case of emergency, I give permission for the school personnel to call 911 or transport my child to the doctor or hospital.

Parent/Guardian signature ____________________________ Date ______________________
GARFIELD-PALOUSE SCHOOLS
EMERGENCY TREATMENT RELEASE

Student's Name_________________________________ Birth Date____________________

Parent/Guardian_________________________________ Home Phone__________________

Mother's Employer and Phone Number______________________________

Father's Employer and Phone Number______________________________

If parents cannot be contacted call:

Name: ___________________ Relation: _____________ Phone #: _______________

Family Doctor_____________________________ Phone______________________________

Family Dentist ___________________________ Phone______________________________

Insurance Company__________________________________________________________

Policy Numbers:______________________________________________________________

CIRCLE YOUR HOSPITAL PREFERENCE: PULLMAN    MOSCOW    COLFAX

If I cannot be personally contacted, I hereby authorize any hospital, licensed physician and/or
any licensed emergency personnel to administer emergency treatment to my child in case of
accidental injury or sudden illness.

_________________________________________ ________________________________
Parent or Legal Guardian                                      Date
Re: Student Injuries and Insurance

Dear Parent/Legal Guardian:

The safety of our students is one of our most important concerns. Even so, accidents do happen and resulting medical treatment (ambulance transport surgery, hospitalization, etc.) can be very expensive.

Please know that the District does not assume responsibility for these costs. However, as a service to you and your child, your school has joined with thousands of others by offering you access to a low cost, voluntary purchase student accident/health insurance program. The program is arranged and administered by Myers-Stevens & Toohey & Co. Inc., a firm that has specialized in such coverage for 40 years. If you are interested in this please contact the school for a brochure.

Several plans are offered and rates for the entire school year (Dental Accident Plan). You can limit coverage to school related injuries only (including sports), or opt for a 24/7 protection. Also offered is a Student Health Care Plan (recommended if your child has no other health insurance), and a pharmacy discount program for you entire family. Whether your child currently has no other coverage or you want to “fill in the gaps” in other insurance, you will probably find an option to fit your needs.

To enroll, contact the school for the brochure and enrollment form, complete the enrollment form in full, select the plan(s) you want for your child, enclose the proper premium using a check, money order, or credits card, seal and return as directed on the form. While your child is eligible to enroll at any time, you are encouraged to consider early enrollment to get maximum value from the plan(s) selected.

Note: Once processing is completed, an ID card verifying coverage will be mailed home to you. Because many parents have expressed interest in much higher limits of coverage for their children, at that time you’ll also be sent information regarding a newly available Supplemental Catastrophic Injury Plan that can cover up to $500,000/injury for up to five years.

In order to document your having been notified of this matter, please sign and complete the bottom of this form and immediately send it back to the school with your child.

Sincerely,
Palouse Administration
Garfield Administration

As parent/guardian of __________________________, I understand that the Garfield and Palouse Schools do not assume responsibility for student injuries but does make voluntary purchase, student accident insurance available. I have received the information on this program.

[ ] I will enroll my child in the program   [ ] I choose not to enroll my child in the program

Signed: ___________________________ Date: ___________________________
Garfield-Palouse Schools
600 East Alder Street  Palouse, WA 99161
810 North 3rd Street (PO Box 398)  Garfield, WA 99130

Student Housing Questionnaire

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. (Please see reverse side for more information)

**If you own/rent your own home, you do not need to complete this form.**

If you do not own/rent your own home, please check all that apply below. (Submit to District Homeless Liaison. Contact information can be found at the bottom of the page).

- [ ] In a motel
- [ ] In a shelter
- [ ] Moving from place to place/couch surfing
- [ ] In someone else’s house or apartment with another family
- [ ] In a residence with inadequate facilities (no water, heat, electricity, etc.)
- [ ] A car, park, campsite, or similar location
- [ ] Transitional Housing
- [ ] Other

Name of Student:__________________________  First  Middle  Last

Name of School:__________________________  Grade:____  Birthdate (Month/Day/Year):____  Age:____

Gender:______________  [ ] Student is unaccompanied (not living with a parent or legal guardian)

[ ] Student is living with a parent or legal guardian

ADDRESS OF CURRENT RESIDENCE:___________________________________________________________

PHONE NUMBER OR CONTACT NUMBER:__________  NAME OF CONTACT:____

Print name of parent(s)/legal guardian(s):____________________________________________________
(Or unaccompanied youth)

*I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct.

*Signature of parent/legal guardian:__________________________  Date:_________________
(Or unaccompanied youth)
For School Personnel Only: For data collection purposes and student information system coding

☐ (N) Not Homeless  ☐ (A) Shelters  ☐ (B) Doubled-Up  ☐ (C) Unsheltered  ☐ (D) Hotels/Motels

McKinney-Vento Act 42 U.S.C. 11435

SEC. 725. DEFINITIONS.

For purposes of this subtitle:

(1) The terms enroll’ and enrollment’ include attending classes and participating fully in school activities.

(2) The term homeless children and youths’ —

(A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and

(B) includes —

(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals;

(ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));

(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

(iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

(6) The term unaccompanied youth’ includes a youth not in the physical custody of a parent or guardian.

Additional Resources

Parent information and resources can be found at the following:

National Center for Homeless Education
National Association for the Education of Homeless Children and Youth (NAEHCY)
SchoolHouse Connection
GARFIELD-PALOUSE TRANSPORTATION

All 1st thru 12th grade students that reside within the city limits of Garfield, Palouse and Farmington are offered transportation to and from school at designated stops. Only Pre-School and Kindergarten in-town students are offered door-to-door pick-up and drop-off as a safety precaution. The following are the designated stops for our buses; all listed pick-up and/or drop-off times are approximate, and may be subject to alteration depending on efficiency. Please allow 5 minutes before and/or after the posted times.

*All students residing outside the city limits will be offered door-to-door transportation*

Designated stops in Garfield:
1. Base of South Hill - 3rd and Wesley St. - 7:27 am pick-up, 3:42 pm drop-off
2. Corner of 5th and Spokane St. - 7:42 am pick-up, 3:30 pm drop-off
3. 706 W. Main St. - 7:30 am pick-up, 3:33 pm drop-off
4. 207 4th St. - 7:38 am pick-up, 3:27 pm drop-off
5. 309 Idaho St./Ed-Ka Manufacturing - 7:35 am pick-up, 3:18 pm drop-off

Designated stops in Farmington:
1. Residence Garfield Farmington Hwy and Whitman St. - 7:18 am pick-up, 3:44 pm drop-off
2. Residence Corner of Adams and 4th - 7:21 am pick-up, 3:47 pm drop-off
3. Intersection of 5th and Chestnut - 7:23 am pick-up, 3:50 pm drop off

Designated stops in Palouse:
1. SR 272 & Tamarak - 7:35 am pick-up, 3:33 pm drop-off
2. 203 N. Bridge St. (Kramers Funeral Home) - 7:42 am pick-up, 3:22 pm drop-off
3. Intersection of Harvest Loop Rd and Park St. 7:25 am pick-up, 3:35 pm.
4. Intersection of Park and Culton. - 7:28 am pick-up, 3:20 pm drop-off
5. Intersection of S Wall St. and Union St. - 7:40 am pick-up, 3:15 pm drop-off
6. Intersection of Main St. and Mary St. - 7:45 am pick-up, 3:30 pm drop-off
7. Intersection of Ellis Rd. & N. River Rd. - 7:18 am pick-up, 3:15 pm drop-off

Middle School Shuttle:
The Shuttle Bus picks up middle school students in the morning in the front of the High School in Palouse to transport to Garfield-Palouse Middle School in Garfield. The shuttle returns students to the front of the high school where they either walk home or get on their route bus to go home. Bus departs at 7:55 am and returns at 3:15 pm.

High School Shuttle:
The High School shuttle bus will leave the Palouse Highschool and travel to Farmington via Ladow Butte Rd., after pick-up of High school students and elementary students destined for Palouse it will travel to Garfield, it will pick-up High School students and elementary destined for Palouse. There will be 2 or 3 Designated stops in Garfield to facilitate this. This same bus returns students to the corner of California and 2nd, the Garfield School, or becomes the route bus for out-of-town HS students. Bus departs at 6:45 am from the Palouse School and returns at 3:15 pm.

*PLEASE FILL OUT THE FORM BELOW IF YOUR CHILD WILL BE RIDING THE BUS*
GARFIELD-PALOUSE TRANSPORTATION FORM

Parents:

If your student will be using school transportation to and/or from school, please fill out the following information:

Student Name: ____________________________________________

Current Grade in School: __________________________________

What is the home address of student or students that will be riding the bus? This is to help determine if they are close enough to a group stop, or if they are in a grade that requires a home stop

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Or, what is the home address where your Pre/Kindergarten or out of town student will be picked up before school? Does your Pre/Kindergarten student have an older sibling they can walk with, to a group stop?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Will your student be dropped-off at the same stop after school, is there a possibility of alternate drop off locations, if so what stops could they be

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Or, what is the home address where your Pre/Kindergarten or out of town student will be dropped-off at after school?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Parents - Are Your Kids Ready for School?
Required Immunizations for School Year 2019-2020

Parent/Guardian Instructions: To see which vaccines are required for school, find your child’s grade and look only at that row going across to find the vaccines and number of doses required.

<table>
<thead>
<tr>
<th></th>
<th>Hepatitis B (Diphtheria, Tetanus, Pertussis)</th>
<th>DTaP/Tdap</th>
<th>Polio</th>
<th>MMR (Measles, Mumps, Rubella)</th>
<th>Varicella (Chickenpox)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Vaccine doses required may be fewer than listed</td>
<td>5 doses within the correct timeframes</td>
<td>4 doses within the correct timeframes</td>
<td>2 doses within the correct timeframes</td>
<td>2 doses within the correct timeframes OR Healthcare provider verified child had disease</td>
</tr>
<tr>
<td><strong>Kindergarten through 5th Grade</strong></td>
<td>3 doses within the correct timeframes</td>
<td>5 doses within the correct timeframes</td>
<td>4 doses within the correct timeframes</td>
<td>2 doses within the correct timeframes</td>
<td>2 doses within the correct timeframes OR Healthcare provider verified child had disease (Exceptions are allowed for certain students)</td>
</tr>
<tr>
<td><strong>6th Grade through 12th Grade</strong></td>
<td>3 doses within the correct timeframes</td>
<td>5 doses DTaP AND 1 dose Tdap, all within the correct timeframes</td>
<td>4 doses within the correct timeframes</td>
<td>2 doses within the correct timeframes</td>
<td>2 doses within the correct timeframes OR Healthcare provider verified child had disease (Exceptions are allowed for certain students)</td>
</tr>
</tbody>
</table>

- Students must get vaccine doses at correct timeframes to be in compliance with the requirements. Talk to your healthcare provider or school staff if you have questions about school immunization requirements.
- Find information on other recommended vaccines not required for school: [www.immunize.org/cdc/schedules/](http://www.immunize.org/cdc/schedules/)

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711). DOH 348-295 November 2018
Certificate of Immunization Status (CIS)
For Kindergarten-12th Grade / Child Care Entry

Please print. See back for instructions on how to fill out this form or get it printed from the Washington Immunization Information System.

Child’s Last Name: __________________________ First Name: __________________________ Middle Initial: ____________

Birthdate (MM/DD/YY): __________________________ Sex: ____________

I give permission to my child’s school to share immunization information with the Immunization Information System to help the school maintain my child’s school record.

Parent/Guardian Signature Required __________________________ Date ____________

I certify that the information provided on this form is correct and verifiable.

Parent/Guardian Signature Required __________________________ Date ____________

Required Vaccines for School or Child Care Entry

- DTap, DT (Diphtheria, Tetanus, Pertussis)
- Tdap (Tetanus, Diphtheria, Pertussis)
- Td (Tetanus, Diphtheria)
- Hepatitis B
  - 2-dose schedule used between ages 11-15
- Hib (Haemophilus influenzae type b)
- IPV / OPV (Polio)
- MMR (Measles, Mumps, Rubella)
- PCV / PPSV (Pneumococcal)
- Varicella (Chickenpox)
  - History of disease verified by IIS

Required only for Child Care/Preschool:

Flu (Influenza)

Hepatitis A

HPV (Human Papillomavirus)

MCV, MPSV (Meningococcal)

MenB (Meningococcal)

Rotavirus

Documentation of Disease Immunity

Healthcare provider use only

If the child named in this CIS has a history of Varicella (Chickenpox) or can show immunity by blood test (titer) it MUST be verified by a healthcare provider.

I certify that the child named on this CIS has:

- a verified history of Varicella (Chickenpox).
- laboratory evidence of immunity (titer) to disease(s) marked below. Lab report(s) for titers MUST also be attached.

- Diphtheria
- Mumps
- Hepatitis A
- Polio
- Hepatitis B
- Rubella
- Hib
- Tetanus
- Measles
- Varicella

Licensed healthcare provider signature __________________________ Date ____________

Printed Name __________________________
To print with immunization information filled in: Ask if your healthcare provider's office enters immunizations into the WA Immunization Information System (Washington's statewide database). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at https://wa.mvnr.net. If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: wallisrecords@doh.wa.gov or 1-866-397-0337.

To fill out the form by hand:

#1 Print your child's name, birthdate, sex, and sign your name where indicated on page one.

#2 Vaccine information: Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guide below to record each vaccine correctly. For example, record Pediasrix under Diphtheria, Tetanus, Pertussis as DTaP, Hepatitis B as Hep B, and Polio as IPV.

#3 History of Varicella Disease: If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.

- If your healthcare provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
- If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.

#4 Documentation of Disease Immunity: If your child can show positive immunity by blood test (titer) and has not had the vaccine, have your healthcare provider check the boxes for the appropriate disease in the Documentation of Disease Immunity box, and sign and date the form. You must provide lab reports with this CIS.

Reference guide for vaccine abbreviations in alphabetical order

<table>
<thead>
<tr>
<th>Abbreviations</th>
<th>Full Vaccine Name</th>
<th>Abbreviations</th>
<th>Full Vaccine Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>DT</td>
<td>Diphtheria, Tetanus</td>
<td>Hep A</td>
<td>Hepatitis A</td>
</tr>
<tr>
<td>DTaP</td>
<td>Diphtheria, Tetanus, acellular Pertussis</td>
<td>Hep B</td>
<td>Hepatitis B</td>
</tr>
<tr>
<td>DTP</td>
<td>Diphtheria, Tetanus, Pertussis</td>
<td>Hib</td>
<td>Haemophilus influenzae type b</td>
</tr>
<tr>
<td>Flu (ill)</td>
<td>Influenza</td>
<td>HPV (2vHPV / 4vHPV / 9vHPV)</td>
<td>Human Papillomavirus</td>
</tr>
<tr>
<td>HBIG</td>
<td>Hepatitis B Immune Globulin</td>
<td>IPV</td>
<td>Inactivated Poliovirus Vaccine</td>
</tr>
</tbody>
</table>

For updated list, visit https://fortress.wa.gov/doh/cpir/web/homepage/completevaccineslistofvaccinenames.pdf

Reference guide for vaccine trade names in alphabetical order

<table>
<thead>
<tr>
<th>Trade Name</th>
<th>Vaccine</th>
<th>Trade Name</th>
<th>Vaccine</th>
<th>Trade Name</th>
<th>Vaccine</th>
<th>Trade Name</th>
<th>Vaccine</th>
<th>Trade Name</th>
<th>Vaccine</th>
<th>Trade Name</th>
<th>Vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>ActHIB®</td>
<td>Hib</td>
<td>Fluarix®</td>
<td>Flu</td>
<td>Hnvrix®</td>
<td>Hep A</td>
<td>Monvoc®</td>
<td>Meningococcal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adacel®</td>
<td>Tdap</td>
<td>Flucelvax®</td>
<td>Flu</td>
<td>Hiberix®</td>
<td>Hib</td>
<td>Pediarix®</td>
<td>DTaP + Hep B + IPV</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Afluria®</td>
<td>Flu</td>
<td>FluLaval®</td>
<td>Flu</td>
<td>HibTITER®</td>
<td>Hib</td>
<td>PedvaxHB®</td>
<td>Hib</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bexsero®</td>
<td>MenB</td>
<td>FluMist®</td>
<td>Flu</td>
<td>Ipol®</td>
<td>IPV</td>
<td>Pentacel®</td>
<td>DTaP + Hib + IPV</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boostrix®</td>
<td>Tdap</td>
<td>Fluvirin®</td>
<td>Flu</td>
<td>Infanrix®</td>
<td>DTaP</td>
<td>Pneumovax®</td>
<td>PPSV</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervarix®</td>
<td>2vHPV</td>
<td>Fluzone®</td>
<td>Flu</td>
<td>Kinrix®</td>
<td>DTaP + IPV</td>
<td>Prevnar®</td>
<td>PCV</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daptacel®</td>
<td>DTaP</td>
<td>Gardasili®</td>
<td>4vHPV</td>
<td>Menactra®</td>
<td>MCV or MCV4</td>
<td>ProQuad®</td>
<td>MMR + Varicella</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Engerix-B®</td>
<td>Hep B</td>
<td>Gardasili®</td>
<td>9vHPV</td>
<td>Menomune®</td>
<td>MPSV4</td>
<td>Recombivax HB®</td>
<td>Hep B</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For updated list, visit https://fortress.wa.gov/doh/cpir/web/homepage/completevaccineslistofvaccinenames.pdf

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711). DOH 348-013 December 2016
Dear Parent/Guardian:

This letter tells how your children can get free or reduced-price meals, as well as information on other benefits. The cost of school meals is shown below.

Breakfast will be served at no cost to those children who qualify for free and reduced-price meals. Lunches will be served at no cost to children who qualify for free meals and to those who qualify for reduced-price meals in kindergarten through 3rd grade. All other students (preschool and 4th – 12th grades) will be charged the rates shown below.

<table>
<thead>
<tr>
<th>Grade Level</th>
<th>REGULAR</th>
<th></th>
<th>REDUCED-PRICE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Breakfast</td>
<td>Lunch</td>
<td>Snack</td>
</tr>
<tr>
<td>K-5</td>
<td>$2.00</td>
<td>$2.95</td>
<td>$</td>
</tr>
<tr>
<td>6-8</td>
<td>$2.50</td>
<td>$3.25</td>
<td>$</td>
</tr>
<tr>
<td>9-12</td>
<td>$2.50</td>
<td>$3.25</td>
<td>$</td>
</tr>
</tbody>
</table>

Who should fill out an application?

Fill out the application if:

- Total household income is the SAME or LESS than the amount on the chart.
- You receive Basic Food, take part in the Food Distribution Program on Indian Reservations (FDPIR), or receive Temporary Assistance for Needy Families (TANF) for your children.
- You are applying for foster children that are under the legal responsibility of a foster care agency or court.

Turn in the application to Garfield or Palouse School.

Be sure to submit ONLY ONE application per household. We will notify you if the application is approved or denied. If any child you are applying for is homeless (McKinney-Vento), or migrant, check the appropriate box.

What counts as income? Who is considered a member of my household?

Look at the income chart below. Find your household size. Find your total household income. If members in the household are paid at different times during the month and you are unsure if your household is eligible, fill out an application and we will determine your income eligibility for you. The information you give will be used to determine your child’s eligibility for free or reduced-price meals.

Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals regardless of personal use income. If you have questions about applying for meal benefits for foster children, please contact us at 509-635-1331.

<table>
<thead>
<tr>
<th>USDA Child Nutrition Program Income Guidelines</th>
<th>Effective July 1, 2019–June 30, 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household Size</td>
<td>Annual</td>
</tr>
<tr>
<td>1</td>
<td>$23,107</td>
</tr>
<tr>
<td>2</td>
<td>$31,284</td>
</tr>
<tr>
<td>3</td>
<td>$39,461</td>
</tr>
<tr>
<td>4</td>
<td>$47,638</td>
</tr>
<tr>
<td>5</td>
<td>$55,815</td>
</tr>
<tr>
<td>6</td>
<td>$63,992</td>
</tr>
<tr>
<td>7</td>
<td>$72,169</td>
</tr>
<tr>
<td>8</td>
<td>$80,346</td>
</tr>
<tr>
<td>For each add’l family member, add:</td>
<td>$8,177</td>
</tr>
</tbody>
</table>

What must be on the application?

A. For households not getting any assistance:

- Student name(s)
- Names of all household members
- Income by source for all household members
- Adult household member’s signature
- Last 4 digits of social security number of the adult household member who signs the application (or if the adult signing does not have a social security number, check the associated box).

Complete Parts 1, 2, 3, 4, and 5; Part 6 is optional.

B. For households with only foster child(ren)

- Student’s name
- Adult household member signature

Complete Parts 1 and 5; Part 6 is optional. You may also send the school a copy of the court documentation showing the foster child(ren) was/were placed with you instead of filling out an application form.

Last 4 digits of SSN are not required for B.
National School Lunch Program/School Breakfast Program
2019-20 Letter to Households (Public Schools)

What must be on the application? continued

C. For a family getting Basic Food/TANF/FPDIR:
   - List all student names
   - Enter a case number
   - Adult household member’s signature
   - Complete Parts 1, 2, 4, and 5. Part 6 is optional.
   - Last 4 digits of SSN are not required for C.

D. For household with a foster child(ren) and other children:
   Apply as a household and include foster children. Follow the directions for “A. For households not getting any assistance:” and include the foster child’s personal use income.

What if I’m not receiving basic food dollars?
If you have been approved for Basic Food but do not actually receive Basic Food dollars, you may be eligible for free or reduced-price meals. You must apply for meal benefits by filling out a meal application and returning it to your child’s school.

Do my children automatically qualify if they have a case number?
Yes. Children on TANF or Basic Food may get free meals and children receiving some Medicaid benefits may be eligible for free or reduced-price meals without the household having to complete an application. These children are identified by the school using a data matching process. This matched list is then made available to your child’s school food service staff. The students on this list get free meals if their schools have the free and reduced-price breakfast and/or lunch program (not all schools do). Please contact us immediately if you feel your children should be receiving free meals and are not. If you do not want your child to participate in the free meal programs using this method, please notify the school.

If anyone in my household has a case number, will all children qualify for free meals?
Yes. If someone else in the household has a case number, other than a foster child, you must fill out an application and send it to your student’s school. Please contact us immediately if you feel other children in your household should be receiving free meals and are not.

Basic Food - Can I qualify for assistance in buying food?
Basic Food is the state’s food stamp program. It helps households make ends meet by providing monthly benefits to buy food. Getting Basic Food is easy! You can apply in person at the local DSHS Community Service Office, by mail, or online. There are other benefits too. You can learn about Basic Food by calling 1-877-501-2233 or by logging on to https://www.dshs.wa.gov/esa/community-services-offices/basic-food.

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.

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.

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.

Health Coverage
To inquire about or apply for health care coverage for kids in your family, please visit http://www.wahealthplanfinder.org or you may call Washington Health Plan Finder at 1-855-923-4633.

What if my child needs special foods?
If your child needs special foods, contact the school/district food service office.

Proof of Eligibility
The information you provide may be verified at any time. You may be asked to send additional information to prove your child is eligible to receive free and reduced-price meals.

Fair Hearing
If you do not agree with the decision on your child’s application or the process used to prove income eligibility, you may talk with Zane Wells or Calvin Johnson, the fair hearing official. You have the right to a fair hearing which may be arranged by calling the school/school district at this number 509-635-1331 or 509-878-1921.

Reapplication
You may apply for benefits any time during the school year. If you should have a decrease in household income, an increase in household size, or become unemployed, or receive Basic Food, TANF, or FPDIR, you may be eligible for benefits and may fill out an application at that time.
# 2019-20 HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE MEALS

Garfield-Palouse School District

Apply online: www.garpal.net

Complete, sign, and return this application to: 810 North 3rd St, Garfield OR 600 E. Alder, Palouse

Check here if you received meal benefits last year: [ ]

[ ] Homeless  [ ] Migrant

1. List all students living with you that are attending school. If the student is a foster child, homeless, or migrant, indicate this by placing an "x" in the appropriate box. Include any personal income received by the student and make an "x" in the correct box for how often it is received.

<table>
<thead>
<tr>
<th>Student's Last Name</th>
<th>Student's First Name</th>
<th>MI</th>
<th>Foster</th>
<th>Date of Birth</th>
<th>School</th>
<th>Grade</th>
<th>Student Income</th>
<th>Weekly</th>
<th>Bi-weekly</th>
<th>2 X Month</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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2. If any Household Members (including yourself) currently participate in one or more of the following assistance programs, please write in a case number. If no, go to Step 3.

[ ] Basic Food  [ ] TANF  [ ] Food Distribution Program on Indian Reservations (FDIPR)

Case Number: __________________________

3. List the names of all other household members - Enter income (in whole dollars) and CHECK how often it is received. If a household member does not receive income, write 0. If you enter 0 or leave the income sections blank, you are promising there is no income to report.

<table>
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<tr>
<th>Names of ALL other household members (do not include students listed above)</th>
<th>Foster</th>
<th>Earnings from work (before any deductions)</th>
<th>Weekly</th>
<th>Bi-weekly</th>
<th>2 X Month</th>
<th>Monthly</th>
<th>Public Assistance/Child Support/Alimony</th>
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</table>

4. Total Household Members (include all people living in your household): [ ]

(last total must equal number of household members listed above)

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

Check if no SSN: [ ]

5. Contact Information & Signature - Complete, sign, and return this application to:

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.

Printed Name of Adult Household Member: __________________________

Adult Household Member Signature: __________________________

E-mail Address: __________________________

Mailing Address: __________________________

City, State & Zip Code: __________________________

Daytime Phone: __________________________

Date: __________________________

OSPI CNS  Page1 of 2  April 2019
6. Children’s Racial and Ethnic Identities (Optional) – We are required to ask for information about your child(ren)’s race and ethnicity. This information is important and helps make sure we are fully serving our community. Responding to this section is optional and does not affect your child(ren)’s eligibility for free & reduced-price meals.

Mark one or more racial identities: □ American Indian or Alaska Native □ Asian □ Black, or African American □ Native Hawaiian or Other Pacific Islander □ White

Mark one ethnic identity: □ Hispanic or Latino □ Not Hispanic or Latino

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

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 the 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, 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.

This institution is an equal opportunity provider.

Garfield Palouse School District’s Non-Discrimination Statement
This Institution is An Equal Opportunity Provider

SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE

ANNUAL INCOME CONVERSION: Weekly x 52; Bi-Weekly x 26; Twice per month x 24; Monthly x 12. (Do NOT convert to annual income unless household reports multiple pay frequencies).

LEA APPROVAL: □ Basic Food/TANF/FPDIR/Foster □ Income Household

Total Household Size __________________________ Weekly Bi-Weekly 2x per Month Monthly Annual

Total Household Income $________________________

APPLICATION APPROVED FOR: □ Free Meals □ Reduced-Price Meals

APPLICATION DENIED BECAUSE: □ Income Over Allowed Amount □ Incomplete/Missing Information □ Other: __________________________

Date Notice Sent __________________________ Signature of Approving Official __________________________ Date __________________________

OSPI CNS Page 2 of 2 April 2019