New Diana ISD

Enrollment Packet

Requirements for New Student

1. Proof of Residency must be satisfied before the enrollment process can begin. Please bring a copy of your water or electric bill showing your name and your physical address.

2. Birth certificate

3. Social security card

4. Immunization record

5. Driver's license of enrolling parent

6. Last report card

7. Withdrawal form from current school (not needed in summer)

8. Completed enrollment packet

Returning Students

Students who completed the 2014-15 school year at New Diana ISD may skip pages 1 – 5 and begin with page 6 of the enrollment packet.

New Diana Independent School District

It is with great pleasure and excitement that we welcome you to New Diana ISD. We are glad you are going to be a part of this district. Our staff is dedicated to ensuring that each student reaches their full potential. Please help us by taking a few minutes to complete this form so that we can try to meet the needs of every student.

Student's Name _____ Grade_____

Date of birth_____

Has student ever attended New Diana ISD before?_____ If so, when?_____

Are you a NDISD resident or a transfer?_____

Information about previous school:

Name of School: _____

Address: _____

_____

Phone #: _____

Special services student has received:

- ☐ Special Education
- ☐ Speech
- ☐ 504
- ☐ GT
- ☐ ESL
- ☐ Dyslexia Services
- ☐ Other (please explain)_____

Has your child ever been retained? _____No _____Yes   If yes, what grade_____

_____   _____
Parent Signature   Date

Student Registration – PLEASE PRINT CLEARLY

Student Demographic Information

Student Grade:_____   Date of enrollment:_____

Last Name:_____   First Name:_____

Middle Name:_____   Generation: _Jr _Sr _II _III _IV _Other

Gender: __Male   __Female   Race: __American Indian/Alaskan Native

Ethnicity: __Hispanic __Non-Hispanic   __Asian   __Black/African American

Date of Birth: _____/_____/_____   __Native Hawaiian/Pacific Islander

SSN: _____-_____-_____   __White   (must check all that apply)

Preferred name (name student likes to be called):_____

Former name and reason for change: _____

Country of Birth:_____   State of Birth:_____

Birth Place:_____   Student Native Language:_____

Parent Native Language:_____   Language Spoken at Home:_____

Sibling Details

Name:_____   Grade Level:_____

School:_____   Age:_____

Name:_____   Grade Level:_____

School:_____   Age:_____

Name:_____   Grade Level:_____

School:_____   Age:_____

Student Address Information

Primary Residence

Address:_____

Apt/Bldg #:_____   Zip Code:_____

City:_____   State:_____

County:_____   Phone:_____

Mailing Address   _____ check if same as primary residence

P.O. Box:_____   Zip Code:_____

City:_____   State:_____

County:_____   Phone:_____

Primary Contact Information

Contact: __Mother   __Father   __Stepmother   __Stepfather   __Other_____

Name:_____
           last   *first*   *middle*

Email (required) :_____

Home phone:_____   Cell phone:_____

Work phone:_____   Ext.:_____

Preferred Emergency Number:_____

DOB:_____   Driver's License #:_____

Student Name: _____

Additional Contact Information

Contact: __Mother   __Father   __Stepmother   __Stepfather   __Other_____

Name:_____
          last   *first*   *middle*

Email:_____

Home phone:_____   Cell phone:_____

Work phone:_____   Ext.:_____

DOB:_____   Driver's License #:_____

Check all that applies for **this contact**:

___Can pick up the student   ___Lives with student   ___Has the child's custody

___Is restricted   ___Emergency contact   Preferred number_____

___Would like access to parent portal (must provide email)

Additional Contact Information

Contact: __Mother   __Father   __Stepmother   __Stepfather   __Other_____

Name:_____
          last   *first*   *middle*

Email:_____

Home phone:_____   Cell phone:_____

Work phone:_____   Ext.:_____

DOB:_____   Driver's License #:_____

Check all that applies for **this contact**:

___Can pick up the student   ___Lives with student   ___Has the child's custody

___Is restricted   ___Emergency contact   Preferred number_____

___Would like access to parent portal (must provide email)

Student Name: _____

Military Connected Student

Military Connected Student Code indicates a student enrolled in a school district or open-enrollment charter school that is a dependent of a member of the United States military service in the Army, Navy, Air Force, Marine Corps, or Coast Guard on active duty, the Texas National Guard, or a reserve force of the United States military.

The Military Connected Student Code is reported only for students grades PK-12. The Inter-state Compact on Military Students only pertains to students in grade levels K-12. Students in grade level PK are included to determine eligibility for participation in the Pre-kindergarten program.

For students in grades K-12:

___Not a military-connected student

___Student is a dependent of a member of the Army, Navy, Air Force, Marine Corps, or Coast Guard on active duty

___Student is a dependent of a member of the Texas National Guard (Army, Air Guard, or State Guard)

___Student is a dependent of a member of a reserve force in the United States military (Army, Navy, Air Force, Marine Corps, or Coast Guard)

For students in Pre-K:

___Not a military-connected student

___Pre-kindergarten student is a dependent of an active duty uniformed member of the Army, Navy, Air Force, Marine Corps, or Coast Guard, or activated/mobilized uniformed member of the Texas National Guard (Army, Air Guard, or State Guard) who was injured or killed while serving on active duty

---

I verify that I have provided the information set forth on the accompanying New Diana ISD Registration Application for _____ (student's name) and that it is true and complete to the best of my knowledge.

Required Information:

_____   _____
Enrolling Parent/Guardian Printed & Signature   Date

Address of Enrolling Parent_____

Date of birth of enrolling parent/guardian_____

NEW DIANA ISD
Notice Regarding Release of Student Information
For Student Directory, Media, Yearbook and Artwork/Projects

"Certain information about District students is considered directory information and will be released to anyone who follows the procedures for requesting the information unless the parent or guardian objects to the release of the directory information about this student. If you do not want New Diana ISD to disclose directory information from your child's education records without your prior written consent, you must notify the District in writing by August 24, 2015. New Diana ISD has designated the following information as directory information. See listing below"

Student Name: _____ Grade: _____
Please print

Students at New Diana ISD are sometimes asked to be part of school or district publicity that may be published via the district website, other internet sites, student directories and/or yearbooks. For these purposes, all or parts of the following information may be used:

- Student's name
- Grade level
- Enrollment status
- Address
- Telephone Listing
- E-mail Address
- Photograph
- Date and Place of Birth

- Dates of attendance
- Participation in officially recognized activities and sports
- Weight and height of members of an athletic team
- Honors and awards received
- Most recent educational agency or institution attended

Information identified only for limited school-sponsored purposes remains otherwise confidential and will not be released to the public without the consent of the parent or eligible student. "Directory information" <u>does not</u> include a student's social security number or student ID number.

Please select one of the following choices:

_____New Diana ISD **MAY** use the information listed above for school sponsored purposes for my child, i.e. the yearbook

_____New Diana ISD **MAY NOT** use the information listed above for school sponsored purposes for my child

_____   _____
Parent/Guardian <u>Printed</u> & <u>Signature</u>   Date

NOTICE TO STUDENTS AND PARENTS
REGARDING DRUG-FREE SCHOOLS

The New Diana Independent School District believes that student use of alcohol and illicit drugs is both wrong and harmful. Consequently, the district has established a Code of Student Conduct that prohibits the use, sale, possession, and distribution of alcohol and illicit drugs by students on school premises or as part of any school activity, regardless of its location. Compliance with this code of conduct is mandatory, and students shall be disciplined if they are found to have violated this code of conduct.

This District's policies and its Discipline Management Plan provide a range of disciplinary sanctions for alcohol and drug-related offenses. Students may be suspended for up to six school days or expelled for a period of time ranging from seven school days to the end of the school year; in addition, they may be referred to appropriate law enforcement officials for criminal prosecution. Procedural requirements for the imposition of suspension and expulsion are set out in the district's policies at FOA, FOA(L), FOD, and FOD(L). The principal of your school will be glad to provide you access to or a copy of these policies.

Depending on the nature and severity of a drug or alcohol-related offense, a student may be required to complete an appropriate rehabilitation program either in lieu of or in addition to other school discipline. The principal or counselor of your school can provide you with information about rehabilitation and re-entry programs that are available in our community or within reasonable access of our community.

I and my child(ren) have read the district's notice regarding drug-free schools and understand that my child(ren) will be subject to school discipline and possibly to criminal prosecution if they are found to have violated the district's code of student conduct, which prohibits the use, possession, sale, or distribution of illicit drugs and alcohol on school premises or at any school activity.

_____/_____/_____
Parent signature   Date

_____/_____/_____
Student signature   Date

Acknowledgment of Distribution
of Student Handbook
Either hard copy or electronic copy

My child and I have been offered the option to receive a paper copy of or to electronically access at www.ndisd.org the *New Diana ISD Student Handbook* and the *Student Code of Conduct for 2015–2016*.

I have chosen to:

- ☐ **Receive a paper copy** of the Student Handbook and the Student Code of Conduct.

- ☐ **Accept responsibility for accessing** the Student Handbook and the Student Code of Conduct by visiting the web address listed above.

I understand that the handbook contains information that my child and I may need during the school year and that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the **Student Code of Conduct**. If I have any questions regarding this handbook or the Code of Conduct, I should direct those questions to the principal of my child's school.

Printed name/signature of student: _____

Signature of parent: _____ Date: _____

On and Off Campus
Activity and Field Trip Consent
Emergency Medical Treatment Consent

Parents: Emergency Medical Treatment will be used only in cases when we are unable to reach you should your child require emergency attention.

Student Name_____ **Birthdate**_____
Address_____**City/State/Zip**_____

(We) (I) the undersigned, parents of _____,
give permission for him/her to participate in activities on and off campus. In the event that there is an emergency I do hereby authorize the administrators of New Diana ISD as agents for the undersigned to consent to any X-Ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of, any physician and/or surgeon licensed under the provisions of the Medicine Practice Act on the medical staff at a licensed and accredited hospital.

It is understood that this authorization is given in advance of any specific diagnosis or hospital care being required, but is given to provide authority and power on the part of our aforesaid agents to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment, may deem advisable.

PERTINENT MEDICAL INFORMATION CONCERNING YOUR CHILD

Insurance carrier_____ Phone number_____
Group number_____ Policy number_____
Hospital Preference_____

Father's Name_____ Phone number_____
Employer Name _____ Phone number_____
Mother's Name _____ Phone number_____
Employer Name_____Phone number_____

Other persons to contact in an emergency situation who could locate you:
Name_____Phone number_____
Name_____Phone number_____

ALLERGIES TO MEDICATION/FOODS_____
_____
MEDICAL CONDITIONS _____
_____
MEDICATION/DOSAGES TAKEN DAILY BY YOUR CHILD_____
_____

Parent/Guardian Signature_____**Date**_____

NEW DIANA ISD WILL NOT BE RESPONSIBLE FOR ANY CHARGES INCURRED BY STUDENT

NEW DIANA INDEPENDENT SCHOOL DISTRICT
REQUEST FOR FOOD ALLERGY INFORMATION

Dear Parent/Guardian:

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to the District in order to enable the District to take necessary precautions for your child's safety.

"Severe food allergy" means a dangerous or life threatening reaction of the human body to a foodborne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as the nature of your child's allergic reaction to the food.

Food	Nature of allergic reaction	Medication at school (if needed)

O   Check here if there is no information to report.

The District will maintain the confidentiality of the information provided above and may disclose the information to the teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy.

Student name:_____Date of birth:_____

Grade:_____

Home Phone:_____Mobile Phone: _____Work Phone: _____

Parent/Guardian Name and Signature:_____

Date:_____ Date form received by the school:_____

For questions or further information, please contact the campus school nurse.

Edited: April 2012

NEW DIANA INDEPENDENT SCHOOL DISTRICT
STUDENT MEDICAL INFORMATION
NURSE'S OFFICE

STUDENT NAME: _____ DATE OF BIRTH: _____

GRADE: _____CAMPUS:_____

PARENT/GUARDIAN: _____

ADDRESS: _____

HOME PHONE: _____CELL PHONE: _____

MOTHERS EMPLOYER: _ _____PHONE:_____

FATHERS EMPLOYER: _____ PHONE:_____

EMERGENCY CONTACT (OTHER THAN PARENTS) RELATIONSHIP

CONTACT: _____PHONE:_____

CONTACT: _____PHONE:_____

LIST ANY SIBLINGS WHO ATTEND NEW DIANA ISD:

_____GRADE_____

_____GRADE_____

_____GRADE_____

ANY KNOWN HEALTH CONDITIONS OR RESTRICTIONS_____YES_____NO

PLEASE LIST ANY FOOD, DRUG, OR INSECT ALLERGIES_____

_____

DOES YOUR CHILD HAVE A LATEX ALLERGY? _____YES _____NO

DOES YOUR CHILD HAVE AN EPI-PEN? _____YES _____NO

DOES YOUR CHILD HAVE ASTHMA? _____YES_____NO

DOES YOUR CHILD USE AN INHALER FOR ASTHMA? _____YES _____NO

DOES YOUR CHILD TAKE ANY MEDICATIONS ON A REGULAR SCHEDULE? _____YES_____NO

PLEASE LIST ANY MEDICATIONS THEY TAKE: _____

_____

IF TAKING ANY MEDICATION AT SCHOOL YOU MUST FILL OUT A MEDICATION ADMINISTRATION FORM.
THIS INCLUDES ANY ASTHMA INHALERS

PLEASE CHECK THE CONDITIONS YOUR CHILD HAS HAD OR IS CURRENTLY BEING TREATED FOR:

___SKIN CONDITION   ___ASTHMA   ___SEIZURE DISORDER   ___HEAD INJURY

___DIABETES (TYPE 1 OR TYPE 2)   ___KIDNEY DEFECT   ___LUNG CONDITION

___EYE DEFECT   ___HEARING IMPAIRMENT   ___HEART CONDITION

___ MUSCULAR/SKELETAL   ___NEUROLOGICAL DISORDER   ___BLOOD IMMUNE CONDITION

___NERVOUS STOMACH   ___SICKLE CELL ANEMIA   ___INJURIES

___OPERATIONS/HOSPITALIZATIONS   ___MEDICATIONS   ___OTHER (EXPLAIN)

PLEASE EXPLAIN ANY CONDITIONS MARKED ABOVE: _____

_____

SIGNATURE: _____ DATE:_____

2015-2016 NEW DIANA INDEPENDENT SCHOOL DISTRICT
ACCEPTABLE USE POLICY FOR ELECTRONIC SERVICES FOR STUDENTS

The New Diana Independent School District (NDISD) strongly believes in the educational value of electronic services and recognizes the potential to support curriculum and student learning by facilitating resource sharing, innovation, and communication.

Access to the Internet allows students to explore thousands of libraries, databases, museums, and other repositories of information. Families should be aware that some material accessible via the Internet may contain items that are inappropriate, inaccurate, or potentially offensive. While the purposes of the school are to use electronic resources for constructive educational goals, students may find ways to access other materials. The District believes that the benefits to students from electronic services in the form of information resources and opportunities for collaboration exceed the disadvantages. But ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using media and information sources. Therefore, the District supports and respects each family's right to deny electronic services to their student.

Authorized student use of information resources must be consistent with the educational purposes for which these resources have been provided. The use of NDISD electronic services is to assist students in completing educational activities and should be used in a manner that enhances educational experiences and complies with NDISD policies. All student users must adhere to the provisions of this Acceptable Use Policy as a condition for continued use of the NDISD network. This policy must be followed anytime there is a connection to the District's wired or wireless network via any electronic device. NDISD reserves the right to monitor any user's online activities. Users should have no expectation of privacy regarding their use of NDISD property, including the network, Internet access, files, text, chat room conversations, and e-mail.

Internet Safety

In compliance with the Children's Internet Protection Act ("CIPA"), the New Diana Independent School District is required to adopt and implement an Internet safety policy addressing: (a) access by minors to inappropriate matter on the Internet; (b) the safety and security of minors when using electronic mail, chat rooms, and other forms of direct electronic communications; (c) unauthorized access, including so-called "hacking," and other unlawful activities by minors online; (d) unauthorized disclosure, use, and dissemination of personal information regarding minors; and (e) measures restricting minors' access to materials harmful to them. Furthermore, each campus educates students on cyberbullying, appropriate online behavior, and social networking.

1. NDISD has implemented filtering and/or blocking software to restrict access to Internet sites containing pornography, obscene depictions, or other materials harmful to minors under 18 years of age, to the extent practicable, while using its network. This control also applies to other forms of communication such as chat rooms, social networking sites, instant messaging, and the like. However, no software is foolproof, and there is still a risk a user may be exposed to a site or message containing such materials.

2. The student's parent or guardian is responsible for supervising and monitoring all computer usage that occurs outside the NDISD network.

3. Students will not reveal personal information, including name, home address, telephone number, photos, and the like on the Internet. Students are advised to never access, keep, or send anything that they would not want the general public to see.

4. Students will not meet in person with anyone they have met only online via the Internet.

5. The user is personally responsible for his or her actions in accessing and utilizing the school's computer resources.

6. Students must abide by all laws, regulations, the Student Code of Conduct, Acceptable Use Policy, and other related NDISD security policies.

Privacy

The Family Educational Rights and Privacy Act ("FERPA") is a federal law that protects the privacy of student education records. Under FERPA, parents or eligible students have the right to inspect and review the student's education records maintained by the school. Students and qualified parents can view certain educational records of the student

online through NDISD's Parent portal. These records are safeguarded through all available means and access will be restricted to parents/guardians and the student through the use of user names and passwords.

Acceptable Actions

NDISD students may use the network and electronic services provided by NDISD to pursue educational activities. Students will learn how Internet resources can provide valuable educational information. Students will be expected to follow accepted rules of network etiquette. These rules include, but are not limited to the following:

- Be courteous and respectful. Do not send or display offensive messages or pictures.
- Use appropriate language in any type of communication. No profane, abusive, or impolite language will be used to communicate nor should materials be accessed that are not in line with the rules of school behavior.
- Keep personal information such as logins, passwords, addresses, and phone numbers confidential.
- Use electronic services for educational purposes only.
- If you encounter materials that violate the rules of appropriate use, disconnect immediately and notify an adult.

Unacceptable Actions

Improper use of electronic services provided by NDISD is prohibited. Be prepared to be held accountable for your actions and for the loss of privileges if this Acceptable Use Policy is violated. In addition to the paragraph below labeled "Penalties for Improper Use," the NDISD Student Code of Conduct addresses the consequences for violations. Actions that constitute unacceptable use include, but are not limited to the following:

- Do not use a computer to harm other people or their work.
- Do not damage the computer or the network in any way.
- Do not interfere with the operation of the network by installing software, shareware, or freeware, including the alteration of any controls designed to provide Internet safety or alteration of NDISD's default computer image.
- Do not violate copyright laws or participate in any criminal activities punishable by law.
- Do not view, send, or display offensive messages or pictures.
- Do not share your password with another person or offer access to any person via your account.
- Do not reveal your personal address or phone numbers or those of other students or colleagues, including the completion of profile data.
- Do not waste limited resources such as disk space or printing capacity.
- Do not distribute advertisements, solicitations, commercial ventures, or political lobbying.
- Do not trespass in another's folders, work, or files.
- Do not pursue internal or external "hacking", use anonymous e-mail sites, spread viruses, initiate spam, or attempt to access inappropriate material.

All NDISD students are granted access to all electronic services available. If you DO NOT want your student to have access to electronic services, please complete and submit the opt-out form and access will be denied.

Penalties for Improper Use

The use of the network is a privilege, not a right, and may be revoked if abused. Misuse, damage, or vandalism of NDISD technology resources may also lead to disciplinary and/or legal action, including suspension, expulsion, or criminal prosecution by governmental authorities.

Disclaimer

NDISD makes no guarantee about the quality of services provided and is not responsible for any claims, losses, damages, costs, or other obligations arising from the use of its network. Any charge accrued to the user of NDISD's network are borne by the user. Statements by the user on the Internet are from the author's individual point of view and do not represent the views of NDISD, its employees, or members of the Board of Education.

New Diana Independent School District
Acceptable Use Policy for NDISD computers and network
2015-2016

Student User Agreement

I have read and understand the policy and related regulations, which govern the acceptable use of the New Diana Independent School District's electronic information and communication system, and I do hereby agree to abide to them in letter and spirit.

Further, I understand that a violation of the policy, regulation, or any other related rules that have been established from my classroom or school may result in revocation of my user privileges and/or other disciplinary action as may be deemed appropriate by the principal.

_____   _____
Student Name (please print)   Student Signature

Date:_____

Student Grade Level (PK -12) for the 2015-2016 school year _____

Parental Permission

As parent or legal guardian of this student, I have read and understand the policy and related regulations, which govern the acceptable use of the New Diana Independent School District's electronic information and communication system. I understand that access to the system is designed for educational purposes and that the District will take reasonable precautions to restrict access to inappropriate or objectionable materials. At the same time, I do recognize that such measures are not fail-safe and that complete and total restriction from controversial material is not possible.

On the basis of my understanding of the policy, regulations, and stated limitations to the restriction of access to inappropriate or objectionable materials:

_____I hereby **grant** permission for my child to access the District's system for the use of electronic mail and the Internet. In consideration for such access, I do hereby release New Diana Independent School District, its operation, and any institutions with which they may be affiliated from any and all claims and damages arising from my child's use of, or inability to use, the computer system.

_____I hereby **deny** permission for my child to access the District's system for the use of electronic mail and the Internet.

_____   _____
Parent Name (please print)   Parent Signature

Date:_____

Texas Education Agency
Texas Public School Student/Staff Ethnicity and Race Data Questionnaire

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. *United States Federal Register (71 FR 44866)*

Part 1. Ethnicity: Is the person Hispanic/Latino? *(Choose only one)*

☐ **Hispanic/Latino -** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

☐ **Not Hispanic/Latino**

Part 2. Race: What is the person's race? *(Choose one or more)*

☐ **American Indian or Alaska Native -** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

☐ **Asian -** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ **Black or African American -** A person having origins in any of the black racial groups of Africa.

☐ **Native Hawaiian or Other Pacific Islander -** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **White -** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

_____
Student/Staff Name (please print)

_____
(Parent/Guardian)/(Staff) Signature

_____
Student/Staff Identification Number

_____
Date

This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.	
Ethnicity – choose only one: _____ Hispanic / Latino _____ Not Hispanic/Latino	Race – choose one or more: _____ American Indian or Alaska Native _____ Asian _____ Black or African American _____ Native Hawaiian or Other Pacific Islander _____ White
Observer signature:	Campus and Date:

Texas Education Agency – March 2010

Agencia de Educación de Texas
Cuestionario de Información de Datos Raciales y de Etnicidad de Estudiantes/Miembros de Personal de las Escuelas Públicas de Texas

El Departamento de Educación de Estados Unidos (USDE) requiere que todas las instituciones estatales y locales de educación, recopilen datos sobre etnicidad y raza de los estudiantes y de miembros de personal. Esta información es utilizada para los reportes estatales y federales así como para reportar a la Oficina de Derechos Civiles (OCR) y a la Comisión de Igualdad en el Empleo (EEOC).

Al personal del distrito escolar y los padres o representante legal de estudiantes que deseen matricularse en la escuela, se le requiere proporcionar esta información. Si usted rehúsa proporcionarla, es importante que sepa que el USDE requiere que los distritos escolares usen la observación para identificación como último recurso para obtener estos datos utilizados para reportes federales.

Favor de contestar ambas partes de las siguientes preguntas sobre la etnicidad y raza del estudiante así como del miembro de personal. Registro Federal de Estados Unidos (71 FR 44866).

Parte 1. Etnicidad: ¿Es la persona Hispana/Latina? (Escoja solo una respuesta)

☐ **Hispano/Latino** – Una persona de origen cubano, mexicano, puertorriqueño, centro o sudamericano o de otra cultura u origen español, sin importar la raza.

☐ **No Hispano/Latino**

Parte 2. Raza. ¿Cuál es la raza de la persona? (Escoja uno o más de uno)

☐ **Indio Americano o Nativo de Alaska** – Una persona con orígenes o de personas originarias de Norte y Sudamérica (incluyendo America Central), y que mantiene lazos o apego comunitario con una afiliación de alguna tribu.

☐ **Asiático** – Una persona con orígenes o de personas originarias del Lejano Este, Sureste de Asia o el subcontinente indio, incluyendo, por ejemplo a Cambodia, China, India, Japón, Corea, Malasia, Pakistán, las Islas Filipinas, Tailandia y Vietnam.

☐ **Negro o África**-Americano – Una persona con orígenes de cualquier grupo racial negro de África.

☐ **Nativo de Hawai u** otras **islas del pacífico** – Una persona con orígenes o de personas originarias de Hawai, Guam, Samoa u otras Islas del Pacífico.

☐ **Blanco** – Una persona con orígenes de personas originarias de Europa, el Medio Este o el Norte de África.

_____
Nombre del Estudiante/Miembro de Personal
(por favor use letra de imprenta)

_____
Firma (Padre/Representante legal)
/(Miembro de personal

_____
Número de Identificación del
Estudiante/Miembro del personal

_____
Fecha

Agencia de Educación de Texas – Marzo 2009

REGION7
EDUCATION SERVICE CENTER

2015-2016 Family Survey / Encuesta de la Familia
New Diana Independent School District

Your child may be eligible for educational services through the Migrant Education Program. Contact Melissa Ryan at 903-663-8000 if you need additional information.

---

1. During the last three years has your family moved from one school district to another?
   _____ Yes _____ No

2. Do **you or does anyone from your family** do the following **temporary or seasonal work?**
   _____ Yes _____ No

What type of work?		
___Farming	___Baling Hay	___Food Processing in Plants
___Ranching	___Picking Fruit or Vegetables	___Plant Nursery
___Fencing	___Cotton Farming/Ginning	___Poultry Production
___Dairying	___Combining/Harvesting Grain	___Clearing Land
___Fishing	___Driving Tractors/Machinery	___Picking Nuts, Pecans, etc.
	___Tree Growing or Harvesting	___Other Similar Work

Su niño/a puede ser elegible para recibir servicios escolares proporcionado por el programa educacional migrante. Entre el contacto con la Oficina de Educación Migrante si necesitas información adicional _____.

---

1. ¿ Durante los últimos tres años ha viajado su familia de un distrito escolar a otro?
   _____ Si _____ No

2. ¿ Trabaja **usted o alguien en su familia** en una de las siguientes **actividades temporalmente?**
   _____ Si _____ No

¿ Que tipo de trabajo?		
___ Cultivando	___ Juntando paja	___ Cultivando árboles
___ En ranchos/granjas	___Cosecha de frutas/verduras	___ En viveros
___ Cercando	___ Cultivando algodón	___ En producción de aves
___ En lecherias	___ Mezclando/cosechando granos	___ Limpiando terrenos
___ Pescando	___ Manejando tractores/maquinaria	___ Recogiendo nueces, etc.
	___ Procesando comida en fábricas	___ Otro trabajo similar

_____   _____   _____

Student Name/Estudiante   Birthdate/Fecha de Nacimiento   Grade/Grado

_____   _____

Parent Name/Padre   Telephone/Teléfono

New Diana Independent School District
Student Residency Questionnaire

Name of Student:_____   Grade:_____

The information on this form is required to meet the law known as the McKinney-Vento Act 42 U.S.C. 11434a(2), which is also known as Title X, Part C, of the No Child Left Behind Act. Answers to these questions will help determine services a student may be eligible for.

1. Is your current address a temporary living arrangement? Yes_____ No_____

2. Is your temporary address due to loss of housing or economic hardship? Yes_____ No_____

If you answered "NO" to both of these questions you may STOP here and sign. Thank You.

_____ _____   _____
Signature of Parent/Legal Guardian/Caregiver/Unaccompanied Student   **Date**

Responses to the rest of this page will tell us if you are interested in possible services under McKinney-Vento. If you answered "**yes**" to the questions above, please fill out the remainder of this form.

Names of adults in the home:_____

Name of School	Name of Student	Grade	Address	Phone Number

1. Where are these students presently living (Check one box.)
   - ☐ Doubled up with relatives or friends
   - ☐ In a transitional housing program
   - ☐ In a motel
   - ☐ In a shelter
   - ☐ Moving from place to place
   - ☐ In a place not considered traditional "housing" (campground, car, public place, etc.)
   - ☐ None of the above describes my current living situation. Briefly describe your situation:_____

2. Do you also have any pre-school age children at home? Yes_____ No_____

3. Are you a high school student who is currently living on his own due to hardship? Yes_____ No_____

NEW DIANA INDEPENDENT SCHOOL DISTRICT

HOME LANGUAGE SURVEY-19TAC Chapter 89, Subchapter BB §89.1215

TO BE COMPLETED BY PARENT OR GUARDIAN (OR STUDENT IF GRADES 9-12: The state of Texas requires that the following information be <u>completed for each student that enrolls for the first time in Texas public schools</u>. This survey shall be kept in each student's permanent record folder.

NAME OF STUDENT_____STUDENT ID#_____

ADDRESS_____TELEPHONE #_____

CAMPUS_____

1. What language is spoken in your home most of the time? _____

2. What language does your child (do you) speak most of the time? _____

_____   _____
Signature of Parent/Guardian   Date

_____   _____
Signature of Student if Grades 9-12   Date

Cuestionario del idioma que se habla en el hogar

DEBE DE COMPLETARSE POR EL PADRE/MADRE/ O REPRESENTANTE LEGAL: (O POR EL ESTUDIANTE SI ESTA EN LOS GRADOS 9-12): El estado de Texas requiere que la siguiente información se complete para cada estudiante que se matricula por primera vez en una escuela pública de Texas. Este cuestionario se archivará en el expediente del estudiante.

NOMBRE DEL
ESTUDIANTE_____#ID_____

DIRECCION _____TELEFONO_____

ESCUELA _____

1. ¿Qué idioma se habla en su hogar la mayoría del tiempo? _____

2. ¿Qué idioma habla su hijo/a (usted) la mayoría del tiempo? _____

_____   _____
Firma del Padre/Madre/ o Representante Legal   Fecha

_____   _____
Firma del estudiante si está en los grados 9-12   Fecha
Texas Education Agency Bilingual/ESL Unit   Revised 2014-15

Dear Parent/Guardian:

Children need healthy meals to learn. *New Diana ISD* offers healthy meals every school day. Breakfast costs *$1.25;* lunch costs *$2.50at Elementary and Intermediate, $2.75 at Middle School and High School.* **Your children may qualify for free meals or for reduced-price meals.** Reduced-price is *$.30]* for breakfast and *$.40* for lunch. If you received a notification letter that a child is directly certified for free meals, do not complete an application. Let the school know if any children in the household attending school are not listed in the letter.

The questions and answers that follow and attached directions provide additional information on how to complete the application. Complete only <u>one application</u> for all the students in the household and return the completed application to *Chris Hackett, 1373 US Hwy 259 S. Diana Texas, 75640 (903) 663-8006].* If you have questions about apply for free or reduced-price meals *[Chris Hackett, 903-663-8006, chackett@ndisd.org].*

1. *Who Can Get Free Meals?*
   - *Income*—Children can get free or reduced-price meals if a household's gross income is within the limits described in the *Federal Income Eligibility Guidelines.*
   - *Special Assistance Program Participants*—Children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR), or Temporary Assistance for Needy Families (TANF), are eligible for free meals.
   - *Foster*—Foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals.
   - *Head Start, Early Head Start, and Even Start*—Children participating in these programs are eligible for free meals.
   - *Homeless, Runaway, and Migrant*—Children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told about a child's status as homeless, runaway, or migrant or you feel a child may qualify for one of these programs, please call or email *Melissa Ryan- homeless liaison - migrant coordinator at 903-663-8000].*
   - *WIC Recipient*—Children in households participating in WIC <u>may</u> be eligible for free or reduced-price meals.

2. *What If I Disagree With the School's Decision About My Application?* Talk to school officials. You also may ask for a hearing by calling or writing to *Mr. Carl Key, 1373 US Hwy 259 S. Diana, TX. 75640 903 phone number 663-8000].*

3. *My Child's Application Was Approved Last Year. Do I Need To Fill Out A New One?* Yes. An application is only good for that school year and for the first few days of this school year. Send in a new application unless the school has told you that your child is eligible for the new school year.

4. *If I Don't Qualify Now, May I Apply Later?* Yes. Apply at any time during the school year. A child 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.

5. *What If My Income Is Not Always the Same?* List the amount <u>normally</u> received. If a household member lost a job or had hours/wages reduced, use current income.

6. *We Are in The Military. Do We Report Our Income Differently?* Basic pay and cash bonuses must be reported as income. Any cash value allowances for off-base housing, food, or clothing, or Family Subsistence Supplemental Allowance payments count as income. If housing is part of the Military Housing Privatization Initiative, do not include the housing allowance as income. Any additional combat pay resulting from deployment is excluded from income.

7. *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.

8. *Will Application Information Be Checked?* Yes. We may also ask you to send written proof of the reported household income.

9. *My Family Needs More Help. Are There Other Programs We Might Apply For?* To find out how to apply for other assistance benefits, contact your local assistance office or 2-1-1.

If you have other questions or need help, call *Chris Hackett, 903-663-8006].* Si necesita ayuda, por favor llame al teléfono: *Chris Hackett, 903-663-8006].*

Sincerely,

[Chris Hackett]

Letter for 2015-2016 Household Application for Free and Reduced-Price School Meals

Directions for Applying For Free and Reduced-Price School Meals

Please use these instructions to complete the free or reduced-price school meals application. Submit one application per household, even if the children in the household attend more than one school in *New Diana ISD*. Please use a **pen** (not a pencil) when completing the application.

The application must be filled out completely in order for the school to make a determination if the children in your household qualify for free or reduced-price school meals. An incomplete application cannot be approved. Please contact *Chris Hackett 903 663-8006* with your questions.

Reduced-Price Meal Income Eligibility Guidelines					
Family Size	Annually	Monthly	Twice per Month	Every Two Weeks	Weekly
1	$21,775	$1,815	$908	$838	$419
2	$29,471	$2,456	$1,228	$1,134	$567
3	$37,167	$3,098	$1,549	$1,430	$715
4	$44,863	$3,739	$1,870	$1,726	$863
5	$52,559	$4,380	$2,190	$2,022	$1,011
6	$60,255	$5,022	$2,511	$2,318	$1,159
7	$67,951	$5,663	$2,832	$2,614	$1,307
8	$75,647	$6,304	$3,152	$2,910	$1,455
For each additional family member add:					
	+ $7,696	+ $642	+ $321	+ $296	+ $148

Step 1: List All Household Members Who Are Infants, Children, And Students Up To and Including Grade 12.

- List each child's name.

  - Print the first name, middle initial, and last name for each child in the household in the spaces provided. If there are more children in the household than lines on the application, use the back of the application to record additional names.

    Special Directions:

    Include all members in the household who are age 18 or under and are supported with the household's income. Children do NOT have to be related to anyone in the household to be a part of the household.

- Mark the box following the child's name if the child is a student in the *New Diana ISD*.

- Check the appropriate box if the child qualifies for free meals as participant in the foster care system; as a participant in a Head Start, Early Head Start, or Even Start program; or as a child meeting the criteria for homeless, migrant, or runaway.

  Special Directions

  On this application, checking Foster indicates that a foster care agency or court has placed the child in your home. Foster children who live in the household may count as members of the household and may be listed on your application. If the application is being submitted for foster children only, complete Step 1, skip Steps 2 and 3, and go to Step 4.

  If all children in the household are participants in one of these programs, skip Steps 2 and 3 and go to Step 4.

Step 2: Do Any Household Members (Including You) Currently Participate in the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR)?

- *If no one in the household currently participates in any one of these programs*

  Skip the remaining questions in Step 2, and go to Step 3.

- *If anyone in the household participates one of these programs*

  Record the Eligibility Determination Group Number (EDG) in the space provided, skip Step 3, and go to Step 4.

Step 3: Report Income for All Household Members.

Part A. Income for Children in the Household

- Record the total income <u>for all children</u> by how often the income is received (frequency). <u>Do not include income for adults in this section.</u> <u>Record the income of adults in Part B.</u>

   Special Directions:

   It is not necessary to record the income of the children in the household individually. Instead, combine and report children's total income by frequency. For example, combine all income received weekly and record the total amount in the space under weekly.

   The Child Income Information Box (on the right) provides additional information on the types of income that needs to be reported for children in the household.

<table>
<tr><td colspan="1" align="center">Child Income Information Box</td></tr>
<tr><td>Earnings from work
<i>For Example: A child has a job where she or he earns a salary or wages.</i></td></tr>
<tr><td>Social Security, Disability Payments
<i>For Example: A child is blind or disabled and receives Social Security benefits.</i></td></tr>
<tr><td>Social Security, Survivor's Benefits
<i>For Example: A parent is disabled, retired, or deceased, and their child receives social security benefits.</i></td></tr>
<tr><td>Income from any other source
<i>For Example: A child receives income from a private pension fund, annuity, or trust.</i></td></tr>
</table>

Part B. Income for All Adult Household Members (Including Yourself)

- Record the first and last name of each adult in the household in the space provided.

   If there are more adults in the household than the spaces provided, use the back of the application. <u>Do not include the income of children in Part B.</u> <u>Children's income is reported in Part A.</u>

   Special Directions:

   In this section, include all adults living in the household that share income and expenses, even if the adult is not related to anyone in the family and even if the adult does not receive income of her or his own. Do <u>not</u> include people who live in the household but are not supported by the household's income and do not contribute income to the household.

- Record the amount of income the adult receives under the type of income:
   - Working Earnings
   - Public Assistance/Child Support/Alimony
   - Pensions/Retirement/Social Security/ Supplemental Security Income (SSI)
   - All Other

   Special Directions:

   Report all amounts in gross income only and in whole dollars. Gross income is the total income received before taxes or deductions. Many people think of income as the amount they <u>take home and not the total, gross amount</u>. Ensure that the income reported on this application has not been reduced by the amounts deducted for taxes, insurance premiums, or any other purpose. The Adult Income Information Box provides additional information on the types of income that need to be reported. Foster children may be included as part of the household, but are not required to be included.

   Write a <u>0</u> in any fields where there is no income to report. Any income fields left empty or blank will be counted as zeroes. If you write <u>0</u> or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that the household income was reported incorrectly, the application will be verified for cause.

- <u>Circle</u> how often each type of income is received (frequency).
    - W = Weekly
    - E = Every 2 Weeks
    - T = Twice per Month
    - M = Monthly
    - A = Annually
- <u>Record</u> the total number of children and adults in the household in the appropriate box.

    Special Directions:

    This number MUST be equal to the number of household members listed in Step 1 and Step 3. If there are any members of the household that have not been listed on the application, go back and add them. It is very important to list all household members, as the size of the household determines the household eligibility.

- <u>Provide</u> the last four digits of the Social Security number (SSN) of the adult signing the application or check the box for no SSN.

    Special Directions:

    A social security number is not required to apply for these programs.

Step 4: Provide Contact Information and Adult Signature.

- <u>Read</u> the certification statement.
- <u>Write</u> your current address and contact information in the fields provided. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

    Special Directions:

    If you have no permanent address, this does not make your children ineligible for free or reduced-price school meals.

- <u>Print</u> the name of the adult completing the form in the spaced provided.
- <u>Sign</u> the form.

    Special Directions:

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

- <u>Record</u> today's date in the appropriate box.

Adult Income Information Box

Earnings from Work

General Types of Income
- Salary, wages, cash bonuses
- Strike benefits

U.S. Military
- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)
- Allowances for off-base housing, food, and clothing

Self-Employed Worker
- Net income from self-employment (farm or business)—calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

Public Assistance/Alimony/Child Support

(Do not report the value of any cash value public assistance benefits NOT listed on the chart.)
- Unemployment benefits
- Worker's compensation
- Supplemental Security Income (SSI)
- Cash assistance from State or local government
- Alimony payments
- Child support payments If income is received from child support or alimony, only court-ordered payments should be reported here. Informal but regular payments should be reported as *other* income in the next part.
- Veteran's benefits

Pensions/Retirement
- Social Security (including railroad retirement and black lung benefits)
- Private Pensions or disability
- Income from trusts or estates
- Annuities

All Other Income
- Investment income
- Earned interest
- Rental income
- Regular cash payments from outside household

New Diana ISD , 2015-2016 Multi-Child Application for Free and Reduced-Price School Meals

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

Step 1

Definition of Household Member: *Anyone who is living with you and shares income and expenses, even if not related.* Please read the instructions for more information. Please read the instructions for more information.

Children in **Foster** care; children who meet the definition of **Homeless**, **Migrant**, or **Runaway** or who participate in **Head Start** are eligible for free meals.

List ALL Household Members who are infants, children, and students up to and including grade 12. *If more spaces are needed, use the Additional Household Member Sheet on the back.*

List each child's name.

First Name	MI	Last Name	Optional: Student ID Number	Student Attends School in District? Yes	No	Foster	Head Start	Homeless	Migrant	Runaway
1.				☐	☐	☐	☐	☐	☐	☐
2.				☐	☐	☐	☐	☐	☐	☐
3.				☐	☐	☐	☐	☐	☐	☐
4.				☐	☐	☐	☐	☐	☐	☐
5.				☐	☐	☐	☐	☐	☐	☐
6.				☐	☐	☐	☐	☐	☐	☐

Check all that apply.

If every child listed in Step 1 is a participant in one of the programs listed above, skip Steps 2 and 3 and go to Step 4.

Step 2

Please read the instructions for more information.

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

If **No**, go to Step 3

If **yes** > Write the Eligibility Determination Group Number (EDG) in this space _____, skip Step 3, and go to Step 4.

Step 3

Please read the instructions for more information.

Report Income for ALL Household Members (Skip this step if you entered an EDG number in Step 2).

A. Income for Children in the Household

Record total income by frequency for all children listed in Step 1.

	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
	$	$	$	$	$

B. Income for 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 income (without deductions) for each source in whole dollars only. Indicate the frequency of income: W=Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually. 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.

Adult's First/Last Name	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/ Child Support/Alimony (Enter Amount)	Frequency (Circle One)	Pensions/Retirement/ Social Security/ Supplemental Security Income (Enter Amount)	Frequency (Circle One)	All Other (Enter Amount)	Frequency (Circle One)
1.	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A
2.	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A
3.	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A
4.	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A
5.	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A

Total Household Members (Children & Adults) _____ Last Four Digits of Social Security Number (SSN) of Household Member Completing This Form: X X X– X X– __ __ __ __ ☐ Check if no SSN

Step 4

Please read the instructions for more information.

Provide Contact Information and Adult Signature.

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/Apt #   City   State   Zip   Daytime Phone and Email (Optional)

_____ _____ _____

Printed Name of Adult Completing the Form   Signature of Adult Completing the Form   Today's Date

Additional Household Member Space—2015-2016 Multi-Child Application for Free and Reduced-Price School Meals

Step 1, Additional

List ALL Household Members who are infants, children, and students up to and including grade 12. *If more spaces is needed, use the Additional Household Member Sheet.*

List each child's name.

First Name	MI	Last Name	Optional: Student ID Number	Student Attends School in District? Yes	No	Check all that apply. Foster	Head Start	Homeless	Migrant	Runaway
1.				☐	☐	☐	☐	☐	☐	☐
2.				☐	☐	☐	☐	☐	☐	☐
3.				☐	☐	☐	☐	☐	☐	☐
4.				☐	☐	☐	☐	☐	☐	☐
5.				☐	☐	☐	☐	☐	☐	☐

Step 3, Additional

Report Income for ALL Household Members (Skip this step if you answered Yes to Step 2).

Adult's First/Last Name	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/ Child Support/Alimony (Enter Amount)	Frequency (Circle One)	Pensions/Retirement/ Social Security/ Supplemental Security Income (Enter Amount)	Frequency (Circle One)	All Other (Enter Amount)	Frequency (Circle One)
1.	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A
2.	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A
3.	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A
4.	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A
5.	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A

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

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Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

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