

All necessary forms for registering your child are in this Registration web section. Please call the Main Office at 508-696-7738 X400 to set up a registration appointment. You should bring the following documents with you.

WEST TISBURY RESIDENTS:

Please bring the following with you to your registration appointment:

1. Birth Certificate
2. Proof of Residency (*examples are: lease or rent receipt, building permit and letter from builder, contract to buy or purchase of sale agreement, tax bill, mortgage, utility bill. The example you choose to provide should have your physical address, not your mailing address.*)
3. Immunization Records
4. Lead Screening
5. Current Physical Exam
6. Custody Documents (if relevant)
7. Copy of 504 or IEP (if applicable)

FORMS

Registration Form

Health Form

Illness/Emergency Procedure Form

Records Release/Request (if transferring from another school)

Race and Ethnicity Form

Home Language Survey

Network Use Acceptable Use for Students

Other Permissions

Title VII Office of Indian Education - Student Eligibility Certificate (if applicable)

Military Families Survey (if applicable)

ADDITIONAL KINDERGARTEN REGISTRATION FORMS

Kindergarten Entry - Parent Questionnaire

Parent Consent for Disclosure

Early Childhood Education Experience Survey

NON-RESIDENTS

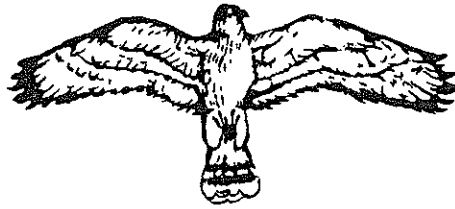
If you are NOT a resident of West Tisbury but would like your child to attend the West Tisbury School, please send a letter requesting your desire for your child to attend the West Tisbury School for the upcoming school year.

Please address this letter to Donna Lowell-Bettencourt, Principal.

School Choice requests are due by June 15th. A decision will be made by July 1st.

Acceptance will be based on class enrollment.

PLEASE NOTE: You must also register your child at the school of the town in which you reside. If accepted through school choice, your child's records will be requested from that school in your town of residence.



West Tisbury School
NEW Student Registration HOW-TO's

1. A student entering grades K-5 must be a West Tisbury resident to enroll. Please provide Proof of Residency; Immunizations; Birth Certificate.
2. If you are a Martha's Vineyard resident hoping to enroll your child in West Tisbury School, please read our School Choice Policy in the About Our School(Policies) section on this website.
3. Call the Main Office to let the school know of your intentions to enroll your child(ren)
4. Please read over the following paperwork, print, fill out completely, and return to the Main Office, Attention: Sue Merrill
5. A hardcopy Emergency Medical/Contact Card will provided by the Office for you to fill out and return. This hardcopy card is used by our Nurse Kristine, in case of illness or emergency.
6. A Free/Reduced Lunch Application has been provided here, if you feel you might qualify for this program. For more detailed information about our Lunch Program, please visit the Lunch Section on this website.

Any questions, please contact the Main Office.

West Tisbury School REGISTRATION

Today's Date: _____

Student's Full Name _____ Sex _____ Grade _____ Primary Home Language _____

Date of Birth _____ Last _____ First _____ Middle _____

Place of Birth _____ Number of years your child has been in school in the U.S.A. _____

Home Address _____ Mailing Address _____ Box # _____ Town _____ Telephone number _____

Child will take the bus to school _____ No _____ Yes _____

Child lives with: _____ Both Parents _____ Mother _____ Father _____ Guardian _____

Are there any custody documents or issues that exist concerning this child? _____ YES. Please complete box below. _____ NO. Skip box below and go to next section.

_____ Custody documents are attached _____ Custody documents are on file at school.

Custody documents indicate physical and legal custody of child as follows:

Legal Custody: _____ both parents (joint) _____ mother _____ father _____ guardian _____

Physical Custody: _____ both parents (joint) _____ mother _____ father _____ guardian _____

Please provide court documentation involving custody and visitation with this child to the guidance office and update each year.

Mother's Name _____ Address if different _____ Phone # _____ E-Mail address _____

Mother's Employer _____ Phone # of employer _____

Step-parent living with child (if applicable) _____

Father's Name _____ Address if different _____ Phone # _____ E-Mail Address _____

Father's Employer _____ Phone # of employer _____

Step-parent living with child (if applicable) _____

Guardian _____ Address if different _____ Phone # _____ E-Mail Address _____

Other children in family: Name _____ Age _____

_____ Name _____ Age _____

_____ Name _____ Age _____

If the person the child lives with is unavailable, please indicate below who may be contacted to pick up the child in a case of an emergency. If divorced/separated and you would like the other parent to be able to pick up your child, please add their name below. The Nurse's Emergency Card should have the same names listed below.

(1) _____ Relationship _____ Telephone number _____

(2) _____ Relationship _____ Telephone number _____

(3) _____ Relationship _____ Telephone number _____

_____ check here if you have added more names on the back side.

Parent/Guardian signature _____ Date: _____

West Tisbury School Kindergarten and New Student Health History Form

Student's Name _____

Birth Date ____/____/____ Today's Date: ____/____/____

Child's Birth Weight: _____

Any complications or problems with this pregnancy or birth?

Please explain: _____

Please check any allergies your child has:

___ Bee stings

___ Environmental - Please list: _____

___ Foods - Please list: _____

___ Latex

___ Medications - Please list: _____

___ Others: _____

Does your child have a doctor's order for an EPI-PEN? Yes

No

Are there any foods your child should/does not eat because of Family, religious or personal preferences?

Are you concerned about your child's weight? Yes No

Does your child have trouble sleeping? Yes No

Does your child have a condition which limits her/her physical activity? Yes No

Please explain: _____

Has your child had any operations? Please give dates & details:

Appendix _____

Tonsils, Adenoids _____

Ear Tubes _____

Other _____

Please list any medications you child is currently taking:

Please check if your child has any of the following:

___ Speech concerns

___ Hearing or ear problems

___ Vision Problems

Instructions for wearing: _____

___ Receives speech therapy

___ Wears hearing aids

___ Wears glasses

Please check any problems your child has had:

___ Asthma

___ Broken bones or other bone/joint problems

___ Cancer

___ Congenital Abnormality

___ Dental

___ Eczema or other Skin Disorder

___ Emotional

___ Kidney, Bladder or other Urinary Tract Disorder

___ Intestinal Disorders

___ Serious Accidents

ADHD

___ Convulsions

___ cystic Fibrosis

___ Epilepsy

___ Heart Condition

___ Frequent Headaches

___ Nose Bleeds

___ Serious Head Injury

Please give dates & details: _____

Give dates if your child has had any of the following illnesses:

___ Chicken Pox

___ Measles

___ Herpes

___ Polio

___ Rheumatic Fever

___ Strep Throat

___ Tuberculosis

___ German measles

___ Meningitis

___ Mumps

___ Pneumonia

___ Scarlet Fever

___ Tonsillitis

___ Whooping Cough

Illness/Emergency Procedure



Last Name: _____ First Name: _____ Middle Name: _____ Grade: _____
 Birth Date: _____ Home Phone: _____ Communication Language: _____

Mailing Address: _____
 Street Address: _____ Town of Residence: _____
 Email Address: _____

Parent 1 Name: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Parent 2 Name: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Guardian (If applicable): _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Stepparent (if applicable): _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Physician: _____ Dentist: _____

Child Lives With: _____

If the person the child lives with is unavailable, please indicate below who may be contacted to pick up the child in a case of emergency. **If divorced/separated and you would like the other parent to be on this emergency list, please add their name below.** The names below should match the names on the data sheet.

1. _____ Relationship: _____ Phone Number: _____
 2. _____ Relationship: _____ Phone Number: _____
 3. _____ Relationship: _____ Phone Number: _____

List any illnesses, injuries, surgeries, or immunizations since last school year:

List any chronic conditions, allergies or other information which might be important for your child's care:

Does student use any of the following: eyeglasses _____ contact lenses _____ hearing aid _____

List any medications taken by this student and reason for taking: _____

Indicate by an "x" if you give permission for the following to be given to your child:

() Acetaminophen ("Tylenol") () Ibuprofen ("Advil") () Anti-itch Lotion () Antacid/Digestive Aid
 () Other (specify other medication you may send in for your child's use) _____

I give my permission to the school nurse to communicate with any and all health care providers regarding my child. Yes _____ No _____ Parent/Guardian Signature: _____ Date: _____

Indicate by an "x" if you give permission to your 6th, 7th and 8th grade child to participate in after school and interscholastic competitive sports during this school year. Yes () No ()

All students must submit a current physical to the nurse to be able to participate in sports.

In case of accident or serious illness, I request the school to contact me and authorize the school staff to obtain whatever medication attention seems appropriate including the use of emergency medical technicians reached through 911 services.

Additional comments: _____

Do you have medical insurance for this child? Yes _____ No _____ Company _____

Parent/Guardian Signature: _____ Date: _____

MARTHA'S VINEYARD PUBLIC SCHOOLS

4 PINE STREET, VINEYARD HAVEN, MA 02568 · 508.693.2007 FAX: 508.693.3190 WEB: HTTP:// WWW.MVYPS.ORG

MATTHEW T. D'ANDREA, LP.D.
SUPERINTENDENT

Excellence and Equity For All Children

HOPE T. MACLEOD, M.ED., BCBA
DIRECTOR OF STUDENT SUPPORT SERVICES
(SECONDARY)

RICHARD M. SMITH, ED.D.
ASSISTANT SUPERINTENDENT

NANCY W. DUGAN, M.ED., BCBA
DIRECTOR OF STUDENT SUPPORT SERVICES
(ELEMENTARY)

RECORDS RELEASE REQUEST

LAST NAME FIRST NAME M.I. GRADE DATE OF BIRTH SS# SOCIAL SECURITY NUMBER

ADDRESS CITY STATE ZIP

PARENT/GUARDIAN TELEPHONE #

SCHOOL-LEAVING

SCHOOL-ENTERING

SCHOOL/AGENCY RELEASING INFORMATION

SCHOOL/AGENCY REQUESTING INFORMATION

Phone No. _____

Phone No. _____

Fax No. _____

Fax No. _____

E-Mail address: _____

E-Mail address: _____

TYPE OF MATERIAL:

- ☐ Standard Education Record
- ☐ Copy of Birth Certificate
- ☐ Immunization Records
- ☐ Certificate of Hearing, Vision, and Dental
- ☐ Copy of Social Security Card
- ☐ Discipline / Attendance
- ☐ Programs/Services: Gifted, ESOL, SST
- ☐ Medical Record

- ☐ Special Education Record
- ☐ Psychological Report
- ☐ Eligibility/IEP
- ☐ Placement Records
- ☐ Other _____
- ☐ Other _____
- ☐ Other _____
- ☐ Other _____

I hereby authorize the Martha's Vineyard Public School System TO ☐ RELEASE ☐ OBTAIN pertinent information concerning the above-named student for EDUCATIONAL PLANNING ☐ MEDICAL TREATMENT ☐ or (please specify) _____

☐ My child receives special education services

☐ My child does not receive special education services

Authorizing Signature

Date

Parent/Guardian Forwarding Address: _____ Telephone No. _____

Date Records REQUESTED: _____

Date Records RECEIVED: _____

MARTHA'S VINEYARD PUBLIC SCHOOLS

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DIRECTOR OF STUDENT SUPPORT SERVICES
(ELEMENTARY)

SOLICITAÇÃO DE LIBERAÇÃO DE REGISTRO

SS# _____

SOBRENOME NOME NOME DO MEIO SÉRIE DATA DE NASCIMENTO NÚMERO DO SEGURO SOCIAL

ENDEREÇO CIDADE ESTADO CEP

PAI/MÃE/RESPONSÁVEL NÚMERO DE TELEFONE

ESCOLA DA QUAL ESTÁ SE DESVINCULANDO

ESCOLA NA QUAL ESTÁ INGRESSANDO

ESCOLA/AGÊNCIA LIBERANDO A INFORMAÇÃO

ESCOLA/AGÊNCIA SOLICITANDO A INFORMAÇÃO

No. do telefone _____

No. do telefone _____

No. do fax _____

No. do fax _____

E-Mail: _____

E-Mail: _____

TIPO DE MATERIAL:

- ☐ Registro educacional padrão
- ☐ Cópia do certificado de nascimento
- ☐ Registros de imunização
- ☐ Certificado de audição, visão e dentário
- ☐ Cópia do cartão de seguro social
- ☐ Disciplina / Frequência
- ☐ Programas/Serviços: *Gifted, ESOL, SST*
- ☐ Registro médico

- ☐ Registro educacional especial
- ☐ Relatório psicológico
- ☐ Qualificação/IEP
- ☐ Registro de colocação
- ☐ Outro _____
- ☐ Outro _____
- ☐ Outro _____
- ☐ Outro _____

Por meio desta, autorizo o *Martha's Vineyard Public School System* A ☐ **LIBERAR** ☐ **OBTER** informação pertinente ao aluno mencionado acima com o propósito de **PLANEJAMENTO EDUCACIONAL** ☐ **TRATAMENTO MÉDICO** ☐ ou (favor especificar)

☐ Meu filho recebe serviços de educação especial

☐ Meu filho não recebe serviços de educação especial

Assinatura da pessoa que autoriza

Data

Endereço posterior do pai/mãe/responsável: _____ No. de telefone: _____

Data da solicitação dos registros: _____ Data de recebimento dos registros: _____



Donna Lowell-Bettencourt
Principal

Mary Boyd
Assistant Principal

West Tisbury School
P.O. Box 250
West Tisbury, MA 02575
ph 508-696-7738 fx 508-696-7739
www.wtisburyschool.org

Molly Cabral
Guidance

Graham Houghton
Student Support & Intervention

Student's name: _____ Grade: _____

Please answer BOTH questions 1 and 2.

1. Is this student Hispanic or Latino? (*choose only one*)

- ☐ No, not Hispanic or Latino
- ☐ Yes, Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

2. What is the student'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 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)

Parent/Guardian Signature: _____ Date: _____

Martha's Vineyard Public Schools
Home Language Survey

Student's Name: _____

Date: _____

Date of Birth: _____

Massachusetts Department of Elementary and Secondary Education regulations require that *all* schools determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the District is required to do further assessment of your child. Please be assured that all information given is confidential and will be used only to assist us in providing each student with the most appropriate educational program. Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

**If one or more of your answers indicates the child speaks a language other than English, the child will be tested for English language proficiency. This test indicates the current level of a student's English language proficiency.*

1. What is the native language(s) of each parent/guardian? (circle one)
_____ (mother / father / guardian) _____ (mother / father/ guardian)
2. What was the first language that your child learned to speak? _____
3. Which language do you most frequently use when speaking to your child? _____
4. Which language does your child most frequently use to speak to you at home? _____
5. Which language does your child most frequently speak to others in your home? _____
6. Which language does your child most frequently use when speaking to friends? _____
7. In which languages can your child read? _____
8. In which languages can your child write? _____
9. At what age did your child start school? _____
10. Has your child continued to go to school reguarly since that time? YES NO
11. Please send written notices in the following language (Circle one):
 ENGLISH PORTUGUESE SPANISH OTHER: _____
12. Would you like to have an interpreter available at school meetings? YES NO

Signature of Parent or Guardian

Date

January 2014 |

MVPS NETWORK ACCEPTABLE USE POLICY FOR STUDENTS

Definition of Networks and Systems Covered Under This Policy

There are three basic levels of networks that are covered under this policy. The Local Area Network (LAN) consists of all networked computers at the Martha's Vineyard Public Schools (MVPS). The Wide Area Network (WAN) consists of the network connecting all Island schools, and in the future other Island institutions. The third level is our connection to the Internet. Within each of these networks, all hardware, software, and related peripherals used in connecting to or as a part of the network are included in this policy. In addition, all computers owned or leased by the MVPS shall be included under this policy.

Guidelines

Access to the MVPS networks is for educational purposes only. This access includes connections made on any Island public school through a dial up or other provided access, or through the Internet. Below are categories of acceptable and unacceptable activities for these networks.

A. General

1. All users of these networks are representatives of the MVPS and should present themselves accordingly.
2. Access is for educational use only.
3. All users are expected to exercise responsible and ethical behavior when using these networks.
4. Students may only access the Internet under the supervision of a teacher or staff member.
5. Student use of the Internet should be for approved educational purposes only.
6. Activity on all network levels is subject to MVPS regulations, as well as all applicable local, state, federal, and international law.
7. Even though security measures are in place, be aware that sometimes information on networks can be accessed. Do not put information on line that you do not want others to have access to (i.e. credit card, bank account numbers, etc.)
8. Unauthorized use of copyrighted materials is prohibited.
9. Do not subscribe to any mail or listservs, or any service that will download large numbers of email messages to your mailbox without prior permission from a system administrator or Technology staff person.
10. Access to chat groups, video teleconferences, and the like are only to be done with the permission of a teacher or staff member and under their direct supervision.
11. If an email account is provided to a user, that person will use it for educational purposes only.
12. The MVPS reserves the right to examine, modify or remove any or all data stored in computers that are part of these networks to make sure that all users are in compliance with these regulations.

B. Security

1. Use only account(s) assigned to you.
2. All users with an account will be given a password -do not give your password to anyone else or use another user's password at any time -You will be responsible for all activities taking place on your account.
3. If you think someone has accessed your account, or has information about your account, notify the system administrator or technology staff immediately.
4. If you identify any security problems, notify a system administrator, technology staff, or MVPS administrator only. Do not show or identify a security problem to other users.

C. Vandalism/Destruction/Unauthorized access of data or files/Harassment

1. Do not upload, download, or use any computer programs or hardware that will record or otherwise give access to passwords or other information to allow unauthorized access to a computer or account.
2. Do not upload or download any malicious program or other program designed to destroy or in any way compromise the operation of any computer, server, Network system or data.

The West Tisbury School

Student Permission Form Publicity/Special Activities/Transportation/E-mail

PUBLICITY RELEASE: This gives The West Tisbury School permission to release photos of students to the press, media, or internet for the purpose of fostering positive public relations. This permission also includes videotaped school events on West Tisbury School, MVTv, Channels 13, 14 or 15 or the like.

TRANSPORTATION PERMISSION:

ON-ISLAND: This gives The West Tisbury School permission to take students off school property. Any trip of this kind will be announced to you in advance. You will always have the option to give or withhold permission for you child's participation.

OFF-ISLAND: You will be notified in advance of any off-island field trips directly from the teacher in charge and will be required to grant permission for you child to participate or not.

*Please refer to the Student Handbook for policies regarding after school bus transportation.

Please sign off on the following options:

Please fill out an individual form for each of your children. Thank you

CHECK WHICH APPLIES
☐ I GIVE my permission to The West Tisbury School to release photos/video of my child.
☐ I GIVE permission for my child to participate in on-island field trips, with advance notice.
☐ I GIVE my permission for The West Tisbury School to share my E-mail address with The West Tisbury School PTO.
☐ I DO NOT GIVE my permission to The West Tisbury School to release photos/video of my child.
☐ I DO NOT GIVE permission for my child to participate in on-island field trips.
COMMENTS:

STUDENT NAME _____ DATE _____

HOMEROOM/CLASSROOM TEACHER NAME _____

PARENT SIGNATURE _____

The West Tisbury School

Formulário de permissão de estudante

Publicidade / Atividades Especiais / Transporte / E-mail

DIVULGAÇÃO DE PUBLICIDADE: Isso permite à The West Tisbury School liberar fotos de

estudantes à imprensa, mídia ou internet com o objetivo de promover relações públicas positivas. este

A permissão também inclui eventos escolares filmados na West Tisbury School, MVTv, Channels 13, 14

ou 15 ou similares.

PERMISSÃO DO TRANSPORTE:

ON-ISLAND: Isso permite à The West Tisbury School a permissão de tirar os estudantes da propriedade escolar.

Qualquer viagem deste tipo será anunciada a você com antecedência. Você sempre terá a opção de dar ou

reter permissão para a participação de sua criança.

OFF-ISLAND: Você será notificado antes de qualquer viagem de campo fora da ilha diretamente do professor

responsável e será obrigado a conceder permissão para o seu filho participar ou não.

* Por favor, consulte o Manual do Aluno para obter as políticas referentes ao transporte de ônibus depois da escola.

Por favor, assine as seguintes opções:

Por favor, preencha um formulário individual para cada um dos seus filhos.

Obrigado

NOME DO ALUNO _____ **DATE** _____

HOMEROOM / SALA DE AULA NOME DO PROFESSOR _____

ASSINATURA DOS PAIS

U.S. DEPARTMENT OF EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON, DC 20202

TITLE VII STUDENT ELIGIBILITY CERTIFICATION
Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. This form will become part of your child's school record and will not need to be completed every year. This form will be maintained at the school and information on the form will not be released without your written approval.

Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

NAME OF CHILD _____ Date of Birth _____
(As shown on school enrollment records)

School Name _____ Grade _____

NAME OF TRIBE, BAND OR GROUP _____

Tribe, Band or Group is: (check one)

☐ Federally Recognized, Including Alaska Native	☐ State Recognized	☐ Terminated	☐ Organized Indian Group Meeting #5 of the Definition Above
---	--	-------------------------------------	--

Name of individual with tribal membership: _____

Individual named is (check one): ☐ Child ☐ Child's Parent ☐ Child's
Grandparent

Proof of membership, as defined by tribe, band, or group is:

A. Membership or enrollment number (if readily available) _____ **OR**

Other (explain) _____

Name and address of organization maintaining membership data for the tribe, band or group:

I verify that the information provided above is accurate:

PARENT'S SIGNATURE _____ DATE _____

Mailing Address _____ Telephone _____

Notice: Public Reporting Burden Notice on Reverse Side

PAPERWORK BURDEN STATEMENT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3E200, Washington, D.C. 20202-6335.**



Military Families Survey

PLEASE RETURN THIS FORM, AND CHECK THE APPLICABLE BOX, IF you have a student enrolled at the West Tisbury School who is a child of:

_____ an active duty member of the armed services on active duty

_____ a member or veteran who was medically discharged or retired in the last year

OR

_____ a member who died on active duty in the last year

Student's Name: _____

Parent's Name: _____

Parent's Signature: _____ Date: _____

Levantamento de Famílias Militares

POR FAVOR, DEVOLVA ESTE FORMULÁRIO E VERIFIQUE A CAIXA APLICÁVEL, SE VOCÊ TIVER UM ALUNO ENVOLVIDADO NA ESCOLA TISBURY OCIDENTAL QUE É UM FILHO DE:

_____ um membro ativo das forças armadas na ativa

_____ um membro ou veterano que recebeu alta médica ou se aposentou no último ano

OU

_____ um membro que morreu na ativa no último ano

Nome do Estudante: _____

Nome dos Pais: _____

Assinatura dos Pais: _____ Data: _____



2019-2020 Massachusetts Application for Free and Reduced Price School Meals

If you have received a Notice of Direct Certification - FREE from the school district for free meals, do not complete this application. If you have received a Notice of Direct Certification - REDUCED PRICE from the school district for reduced price meals, this application may be submitted. DO let the school know if any children in the household are not listed on the Notice of Direct Certification - FREE letter you received.

STEP 1

List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper) Read How to Apply for Free and Reduced Price School Meals for more information.

Child's First Name	MI	Child's Last Name	School Name	Grade	Student? Yes or No	Foster	Homeless	Migrant	Runaway
					Y N	☐	☐	☐	☐
					Y N	☐	☐	☐	☐
					Y N	☐	☐	☐	☐
					Y N	☐	☐	☐	☐
					Y N	☐	☐	☐	☐
					Y N	☐	☐	☐	☐

STEP 2

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? Write the Agency ID Number, then go to STEP 4 (Do not complete STEP 3) EBT number not accepted; SNAP award letter may be requested Agency ID Number: _____

STEP 3

Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2) Review the charts titled "Sources of Income" for more information. The "Sources of Income for Children" chart will help you with the Child Income section. The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

Name of Adult Household Members (First and Last)	Earnings from Work			How often?			Child Income			How often?			Pensions / Retirement / All Other Income			How often?		
	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly		

Total Household Members (Children and Adults) Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member XXX-XX- Check if no SSN ☐

STEP 4

Contact Information and Adult Signature Mail Completed Form To: INSERT YOUR SCHOOL/DISTRICT MAILING ADDRESS HERE

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

Street Address (if available)	City	State	Zip	Daytime Phone and Email (optional)
Apt #				
Printed name of adult signing the form	Signature of adult		Today's date	Error prone ☐

INSTRUCTIONS Sources of Income

Sources of Income for Children	
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security - Disability Payments - Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Ethnicity (check one):

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Race (check one or more):

- ☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

OPTIONAL

Children's Racial and Ethnic Identities

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.

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, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Total Income

Household Size

--	--

Only annualize income if there are multiple pay frequencies

How often?

Weekly	Bi-Weekly	2x Monthly	Monthly	Annually
☐	☐	☐	☐	☐

Determining Official's Signature

Date

Confirming Official's Signature

Date

Verifying Official's Signature

Date

Sources of Income for Adults

Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) - If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, BSA or privatized housing allowances) - Allowances for off-base housing food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

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

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotype, 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.

Eligibility:

Categorical Eligibility ☐

Free	Reduced	Denied
☐	☐	☐

For School Use Only

2019-2020 Massachusetts Application for Free and Reduced Price School Meals

Complete uma anticação por agregado familiar. Por favor, use uma caneta (não um lápis).

PASSO 1

Liste TODOS os membros do agregado familiar que são bebés, crianças e estudantes até e incluindo a terceira série do Ensino Médio¹ se são necessários mais espaços para nomes adicionais, anexe uma outra folha de papel.

Definição de Membro do agregado familiar: 'Qualquer um que viva com você e compartilhe as refeições e despesas, mesmo que não tenha grau de parentesco'.

[illegible]

Série	Estudante? Sim Não	Marque tudo que se aplica	Idade migrante, criança adotada ou fugitiva
	☐ ☐	☐ ☐	☐ ☐
	☐ ☐	☐ ☐	☐ ☐
	☐ ☐	☐ ☐	☐ ☐
	☐ ☐	☐ ☐	☐ ☐
	☐ ☐	☐ ☐	☐ ☐

PASSO 2

—combinações de cores e formas, e a participação familiar (incluindo voto participativo atualmente de um ou mais dos seguintes assuntos, at least).

Número do processo:

PASSO 3

Integramos a rede de TODOS os membros do agregado familiar (pule este passo se voce respondeu SIM no passo 1)

Renda da criança	Semanal	Quinzenal	2 vezes por mês	Mensal
\$				

A. Renda da criança

A. Renda da criança
 Às vezes, crianças no agregado familiar ganham ou recebem renda. Por favor, inclua a renda total recebida por todos os membros do agregado familiar listados no PASSO 1 aqui:

o número de membros adultos do agregado familiar (incluindo você)

B. Todos os membros adultos do agregado familiar (incluindo você)
 Liste todos os membros do agregado familiar não listados no PASSO 1 (incluindo você), mesmo se eles não recebem renda. Para cada membro do agregado familiar indicado, se eles recebem renda, informe a renda total (antes de impostos) para cada fonte em dólares inteiros (sem centavos) somente. Se eles não recebem renda de qualquer fonte, escreva "0". Se você digitar "0" ou deixar quaisquer campos em branco, você está afirmando (recomendando) que não há renda para informar.

[illegible]

Total de membros do agregado familiar (crianças e adultos)

Quatro últimos dígitos do número de segurança social (SSN) do assalariado primário ou outro membro adulto do agregado familiar

Marque se não houver SSN

BASO y **Informaciones de contacto e assinatura de adulto**

FAPSU 4. INSTRUMENTOS DE CONTROLE

Nome impresso do adulto assinando o formulário		Assinatura do adulto		Data de hoje	
Endereço (se disponível)		Cidade		CEP	
Apto nº		Estado		Telefone diurno e e-mail (opcional)	

INSTRUÇÕES

Fontes de renda

Fonte de renda para crianças

Fontes de renda da criança	Exemplo(s)
- Renda do trabalho	- A criança tem um emprego regular de período integral ou meio-período onde ganha um ou mais salários
- Seguro Social	- Uma criança é cega ou possui deficiência e recebe benefícios da Previdência Social - Um parente está desativado, aposentado, ou falecido, e seu filho recebe pensões da previdência social
- Renda da pessoa fora do agregado familiar	- Um membro familiar ou amigo(a) dá dinheiro para a criança gastar criança regularmente
- Renda de qualquer outra fonte	- A criança recebe renda regular de um fundo de pensão privado, anuidade, ou de trust

OPCIONAL

Identidades étnicas e raciais das crianças

Somos obrigados a solicitar informações sobre a raça de seus filhos e etnia. Esta informação é importante e ajuda a ter certeza de que nós estamos servindo plenamente nossa comunidade. A resposta a esta seção é opcional e não afeta a elegibilidade de seus filhos para receber refeições gratuitas ou a preço reduzido.

Raça (marque um): ☐ Hispânica ou Latina ☐ Não Hispânica ou Latina

Raça (marque um ou mais): ☐ Índia americana ou nativa do Alasca ☐ Asiática

☐ Branca

☐ Americana negra ou africana

☐ Nativa do Havaí ou de Outra Ilha do Pacífico

A Lei do Almoço Escolar Nacional de Richard B. Russell exige a informação nesta aplicação. Você não tem que fornecer a informação, mas se não o fizer, não poderemos aprovar seu filho para receber refeições gratuitas ou a preço reduzido. Você deve incluir os quatro últimos dígitos do número do seguro social do membro adulto do agregado familiar que assina a aplicação. Os quatro últimos dígitos do número de segurança social não são necessários quando você faz o cadastro em nome de um filho adotivo ou lista um número de processo de Programa de Assistência de Nutrição Suplementar (SNAP), Assistência Temporária para Famílias Necessitadas (TANF) Programa ou Programa de Distribuição de Alimentos em Reservas Indígenas (FPIR) ou um outro identificador de FPIR para o seu filho ou quando você indicar que o membro adulto do agregado familiar que assina a aplicação não tem um número de segurança social. Usaremos suas informações para determinar se o seu filho é elegível para receber refeições gratuitas ou a preço reduzido, e para a administração e execução dos programas de almoço e café da manhã. Nós PODEMOS compartilhar suas informações de elegibilidade com educação, saúde e programas de nutrição para ajudá-los a avaliar, financiar, ou determinar benefícios para os seus programas, auditores para avaliação de programas; e com autoridades policiais para ajudá-los a analisar violações de normas do programa.

De acordo com a lei de direitos civis Federais e do Departamento de Agricultura (USDA), regulamentos relativos aos direitos civis e políticas, o USDA, as suas agências, escritórios e funcionários, e as instituições que participam ou que administram programas do USDA estão proibidos de discriminar com base em raça, cor, nacionalidade, sexo, deficiência, idade ou representação ou retaliação a atividade antes dos direitos civis em qualquer programa ou atividade realizada ou financiada pelo USDA.

As pessoas com deficiência que necessitam de meios alternativos de comunicação para informação do programa (por exemplo Braille, letras grandes, fita de áudio, linguagem gestual americana, etc.), devem entrar em contato com a Agência (Estado ou local) onde se cadastraram para benefícios. Os indivíduos que são surdos, com deficiência auditiva ou têm dificuldades de fala podem entrar em contato com o USDA através do Serviço Federal de retransmissão em (800) 877-8339. Além disso, informações sobre o programa podem ser disponibilizadas em outros idiomas além do inglês.

Para registrar uma queixa de programa de discriminação, preencha o formulário de queixa de discriminação do programa USDA, (AD-3027) encontrado on-line em: http://www.ascr.usda.gov/complaint_filing_cust.html, e em qualquer escritório do USDA, ou escreva uma carta dirigida ao USDA e forneça na carta todas as informações solicitadas no formulário. Para solicitar uma cópia do formulário de reclamação, ligue para (866) 632-9992. Envie seu formulário ou carta completa para USDA por:

Correio: Departamento da Agricultura dos EUA

Gabinete do Secretário Adjunto de Direitos Civis

1400 Independence Avenue, SW

Washington, D.C. 20250-9410

fax: (202) 690-7442; ou

email: program.intake@usda.gov.

Esta instituição é um provedor de igualdade de oportunidades.

Fonte de renda para adultos

Rendas do trabalho	Assistência Pública/Pensão alimentícia/Apoio à Criança	Pensões/Aposentadoria/Todas as outras rendas
- Ordenado, salários, bônus em dinheiro - Lucro líquido de auto-emprego (fazenda ou negócio) Se você está no Exército dos EUA: - Remuneração base e bônus em dinheiro (NÃO inclui pagamento de combate, FSSA ou subsídios de habitação privatizados) - Subsídios de habitação fora da base, alimentação e vestuário	- Seguro desemprego - Compensação do trabalhador - Renda suplementar de segurança (SS) - Assistência de dinheiro do Estado ou governo local - Pagamentos de pensão alimentícia - Pagamentos de apoio à criança - Benefícios a veteranos - Benefícios da greve	- Segurança Social (incluindo aposentadoria de ferrovia e seguro de pneumoconiose de mineiros de carvão) - Previdência Privada ou benefícios de deficiência - Renda regular de trusts ou propriedades - Anuidades - Renda de retorno de investimento - Juros ganhos - Renda de aluguel - Pagamentos regulares em dinheiro fora do agregado familiar

Não preencha

Somente para uso escolar

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

Total Income

How often?

Weekly	Bi-Weekly	2x Month	Monthly
☐	☐	☐	☐

Household size

Categorical Eligibility

☐

Eligibility:

Free	Reduced	Denied
☐	☐	☐

Determining Official's Signature

Date

Confirming Official's Signature

Date

Verifying Official's Signature

Date