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 ________________

Last Name ________________________________ First Middle ________________________________

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

Home Address ________________ Mailing Address ________________ Telephone number ________________

Street ________________________________ Town ________________________________ Box # ________________________________

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 __________

______________________________ ____________ ___________________________________________ ____________

______________________________ ____________ ___________________________________________ ____________

______________________________ ____________ ___________________________________________ ____________

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 ________________________________

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/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/his physical activity? Yes __________ No ______
Please explain: __________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Has your child had any operations? Please give dates & details:
- Appendix ___________________________________________________________
- Tonsils, Adenoids ___________________________________________________
- Ear Tubes ___________________________________________________________
- Other ______________________________________________________________

Birth Date ___/___/___ Today’s Date: ___/___/___

Please list any medications you child is currently taking:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Please check if your child has any of the following:
- Speech concerns
- Receives speech therapy
- Hearing or ear problems
- Wears hearing aids
- Vision Problems
- Wears glasses
- Instructions for wearing:
- ________________________________
- ________________________________
- ________________________________

Please check any problems your child has had:
- Asthma
- ADHD
- Broken bones or other bone/joint problems
- Convulsions
- Cancer
- Cystic Fibrosis
- Congenital Abnormality
- Epilepsy
- Dental
- Heart Condition
- Eczema or other Skin Disorder
- Frequent Headaches
- Emotional
- Nose Bleeds
- Kidney, Bladder or other Urinary Tract Disorder
- Serious Head Injury
- Intestinal Disorders
- __________
- Serious Accidents
- ________________________________
- ________________________________
- ________________________________

Please give dates & details: ______________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Give dates if your child has had any of the following illnesses:
- Chicken Pox
- German measles
- Measles
- Meningitis
- Herpes
- Mumps
- Pneumonia
- Pseudocoelomic Fever
- Scarlet Fever
- Strep Throat
- Tonsillitis
- Tuberculosis
- __________
- 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.MVYP5.ORG

MATTHEW T. D'ANDREA, I.P.D. SUPERINTENDENT

RICHARD M. SMITH, Ed.D. ASSISTANT SUPERINTENDENT

EXCELLENCE AND EQUITY FOR ALL CHILDREN

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

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

# RECORDS RELEASE REQUEST

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>M.I.</th>
<th>GRADE</th>
<th>DATE OF BIRTH</th>
<th>SOCIAL SECURITY NUMBER</th>
<th>SS#</th>
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<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
<th>PARENT/GUARDIAN</th>
<th>TELEPHONE #</th>
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<tr>
<td>SCHOOL/AGENCY RELEASING INFORMATION</td>
<td>SCHOOL/AGENCY REQUESTING INFORMATION</td>
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E-Mail address: ________________________________  E-Mail address: ________________________________

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<tr>
<td>□ Standard Education Record</td>
<td>□ Special Education Record</td>
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<tr>
<td>□ Copy of Birth Certificate</td>
<td>□ Psychological Report</td>
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<tr>
<td>□ Immunization Records</td>
<td>□ Eligibility/IEP</td>
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<tr>
<td>□ Certificate of Hearing, Vision, and Dental</td>
<td>□ Placement Records</td>
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<tr>
<td>□ Copy of Social Security Card</td>
<td>□ Other</td>
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<tr>
<td>□ Discipline / Attendance</td>
<td>□ Other</td>
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<tr>
<td>□ Programs/Services: Gifted, ESOL, SST</td>
<td>□ Other</td>
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<tr>
<td>□ Medical Record</td>
<td>□ Other</td>
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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: __________
SOLICITAÇÃO DE LIBERAÇÃO DE REGISTRO

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<tr>
<th>SUBGÊNERO</th>
<th>NOME</th>
<th>NOME DO MEIO</th>
<th>SÉRIE</th>
<th>DATA DE NASCIMENTO</th>
<th>SS#</th>
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<td>NÚMERO DE TELEFONE</td>
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ESCOLA DA QUAL ESTÁ SE DESVINCULANDO

ESCOLA/AGÊNCIA LIBERANDO A INFORMAÇÃO

ESCOLA/AGÊNCIA SOLICITANDO A INFORMAÇÃO

No. do telefone

No. do fax

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
- [ ] Qualificações/IEP
- [ ] Registro de colocação
- [ ] 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:
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 regularly 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 your 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 your 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

<table>
<thead>
<tr>
<th>CHECK WHICH APPLIES</th>
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<tbody>
<tr>
<td>I GIVE my permission to The West Tisbury School to release photos/video of my child.</td>
</tr>
<tr>
<td>I GIVE permission for my child to participate in on-island field trips, with advance notice.</td>
</tr>
<tr>
<td>I GIVE my permission for The West Tisbury School to share my E-mail address with The West Tisbury School PTO.</td>
</tr>
<tr>
<td>I DO NOT GIVE my permission to The West Tisbury School to release photos/video of my child.</td>
</tr>
<tr>
<td>I DO NOT GIVE permission for my child to participate in on-island field trips.</td>
</tr>
</tbody>
</table>

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

_________________________________________
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 tribes or bands terminated since 1940, and those recognized by the State in which the tribe or band resides; 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.

<table>
<thead>
<tr>
<th>NAME OF CHILD</th>
<th>Date of Birth</th>
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<tbody>
<tr>
<td>(As shown on school enrollment records)</td>
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</table>

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
VOCE TIVER UM ALUNO ENVOLVIDO 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)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related." Children in Foster Care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more Information.

Child’s First Name | MI | Child’s Last Name | School Name

Student? Yes | No | Foster | Homeless | Migrant | Runaway

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 FDPIR?

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 Adult Household Members section

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

B. All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write “0”. If you enter “0” or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)

Earnings from Work

How often?

Weekly | Bi-Weekly | Bi-Monthly | Monthly

Public Assistance/ Child Support/ Alimony

How often?

Weekly | Bi-Weekly | Bi-Monthly | Monthly

How often?

Pension / Retirement / All Other Income

How often?

Weekly | Bi-Weekly | Bi-Monthly | 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

Signature of adult

Today’s date

Error prone

Street Address (if available)

Apt #

City

State

Zip

Daytime Phone and Email (optional)
Sources of Income for Children

Sources of Child Income

- **Earnings from work**
  - A child has a regular full or part-time job where they earn a salary or wages

- **Social Security**
  - Disability Payments
  - A child is blind or disabled and receives Social Security benefits
  - Survivor's Benefits
  - A parent is disabled, retired, or deceased, and their child receives Social Security benefits

- Income from person outside the household
  - A friend or extended family member regularly gives a child spending money.

- Income from any other source
  - A child receives regular income from a private pension fund, annuity, or trust.

Sources of Income for Adults

Earnings from Work

- 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, RSA or privatized housing allowance)
- Allowances for off-base housing, food, and clothing

Public Assistance / Alimony / Child Support

- 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

Pensions / Retirement / All Other Income

- Social Security (including railroad retirement and black lung benefits)
- Private pensions or disability benefits
- Regular income from trusts or estates
- Annuities
- Investment income
- Earned income
- Rental income
- Other 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.

Children's Racial and Ethnic Identities

- Hispanic or Latino
- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Not Hispanic or Latino
- Asian
- Black or African American

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, sexual orientation, gender identity, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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 (888) 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.

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

Total Income: $_________

Household Size: _________

Annual Income Conversion:

- Weekly x 52
- Every 2 Weeks x 26
- Twice A Month x 24
- Monthly x 12

Determining Official's Signature

Date

Confirming Official's Signature

Date

Verifying Official's Signature

Date

Eligibility: Yes ☐

Categorical Eligibility: ☐

Fee Reduction Denial: ☐ ☐ ☐
Liste todos os membros do agregado familiar que são bebês, crianças e estudantes até e incluindo a terceira série do Ensino Médio. Se os números não forem suficientes para preencher as áreas adequadas, utilize uma folha ou página adicional.

**PASSO 1**

Primeiro nome da criança

Sobrenome

Último nome da criança

Série

Índice

Estudante?

Sim

Não

Criança

acolhida

sem texto

fugitiva

**PASSO 2**

Quaisquer membros do agregado familiar, incluindo você, participam atualmente de um ou mais dos seguintes programas de assistência: SNAP, TANF ou FDPIR?

Se não > Vá para o PASSO 3.

Se sim > Escreva um número de caso aqui, em seguida vá para o PASSO 4 (não complete o PASSO 3).

**PASSO 3**

Informe a renda de todos os membros do agregado familiar (pode estar se você respondeu "sim" no PASSO 2).

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.

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 bruta 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 qualquer campo em branco, você estará certificando (prometendo) que não há renda para informar.

**PASSO 4**

Informações de contato e assinatura do adulto

"Eu certifico (juro) que todas as informações sobre esta aplicação são verdadeiras e que todas as rendas estão informadas. Eu entendo que esta informação é dada em conexão com o recebimento de recursos Federais, e que os funcionários da escola podem averiguar (verificar) as informações. Estou ciente de que caso eu tenha fornecido informações falsas, meus filhos podem perder benefícios alimentares, e o meu passo será processado sob as leis estaduais e federais aplicáveis."

Endereço (se disponível)

Cidade

Estado

CEP

Telefone diurno e e-mail (opcional)

Data de hoje
Fonte de renda para crianças

<table>
<thead>
<tr>
<th>Fonte de renda do criança</th>
<th>Exemplo(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renda do trabalho</td>
<td>- A criança tem um emprego regular de período integral ou intermitente onde ganha um ou mais salários</td>
</tr>
<tr>
<td>Seguro Social</td>
<td>- Uma criança é cega ou possui deficiência e recebe benefícios de Previdência Social</td>
</tr>
<tr>
<td>- Pagamentos de deficiência</td>
<td>- Um parente está desativado, aposentado, ou falecido, e seu filho recebe pensões de previdência social</td>
</tr>
<tr>
<td>- Pensão de sobrevivência</td>
<td>- Um membro familiar ou amigo(a) dá dinheiro para a criança gastar crianças regularmente</td>
</tr>
<tr>
<td>Renda da pessoa fora do agregado familiar</td>
<td>- A criança recebe renda regular de um fundo de pensão privado, anuidade, ou de trust</td>
</tr>
</tbody>
</table>

Fonte de renda para adultos

<table>
<thead>
<tr>
<th>Rendas do trabalho</th>
<th>Assistência Pública/Pensão alimentação/Apoio À Criança</th>
<th>Pensões/Aposentadoria/Todas as outras rendas</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Ordenado, salários, bônus em dinheiro</td>
<td>- Seguro desemprego</td>
<td>- Segurança Social (incluindo aposentadoria)</td>
</tr>
<tr>
<td>- Lucro líquido de auto-emprazo (fazenda ou negócio)</td>
<td>- Compensação de trabalhador</td>
<td>- segurado de ferrovia e seguro de pneu</td>
</tr>
<tr>
<td>- Pagamento de seguro (SSP)</td>
<td>- Renda suplementar de segurança (SSI)</td>
<td>- pneumocoronel de mineros de carvão</td>
</tr>
<tr>
<td></td>
<td>- Assistência de dinheiro do Estado ou governo local</td>
<td>- Previdência Privada ou benefícios de deficiência</td>
</tr>
<tr>
<td></td>
<td>- Pagamentos de pensão alimentícia</td>
<td>- Renda regular de trinta e quatro vias</td>
</tr>
<tr>
<td></td>
<td>- Pagamentos de apoio à criança</td>
<td>- Anuidades</td>
</tr>
<tr>
<td></td>
<td>- Benefícios a veteranos</td>
<td>- Renda de retorno de investimento</td>
</tr>
<tr>
<td></td>
<td>- Benefícios da greve</td>
<td>- Juros ganhos</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Renda de aluguel</td>
</tr>
</tbody>
</table>

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 o preço reduzido.

Raça (marque um):  [ ] Hispânico ou Latina  [ ] Não Hispânico ou Latina

Raça (marque um ou mais):  [ ] Índia americana ou nativa do Alasca  [ ] Asiática  [ ] Americana negra ou africana  [ ] Nativa do Havaí ou de Outra Ilha do Pacífico  [ ] Branca

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 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 é necessário quando você faz o cadastro em nome de um filho adotivo ou lista um número do processo de Programa de Assistência de Nutrição Suplementar (SNAP). Assegure 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 preço reduzido, e para a administração e execução dos programas de almoço e cafetaria 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 avaliações 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 relativas aos direitos civis e políticas, o USDA, as suas agências, escritórios e funcionários, e as instituições que participam ou que administram programas de USDA estão proibidos de discriminar em base raça, cor, nacionalidade, sexo, deficiência, idade ou reciprocidade ou retenção a atividade dos direitos civis em qualquer programa ou atividade realizada ou financiada pelo USDA.

Não preechendo:  Semente para uso escolar

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

<table>
<thead>
<tr>
<th>How often?</th>
<th>Total Income</th>
<th>Household size</th>
<th>Categorical Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Determining Official's Signature  Date  Confirming Official's Signature  Date  Verifying Official's Signature  Date

Eligibility:

[ ] Free  [ ] Reduced  [ ] Tardy

As pessoas com deficiência que necessitam de meios alternativos de comunicação para informações do programa (por exemplo Braille, letras grandes, fontes de interface 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 Pneumocoronel (800) 677-0339. Além disso, informações sobre o programa pode ser disponibilizadas em outros idiomas além do inglês. Para registrar uma queixa de programa de discriminação, procure o formulário de queixa de discriminação do programa USDA (AO-3027) encontrado on-line em: http://www.ascr.usda.gov/complaint_filing_cust.html. Em qualquer escritório do USDA, ou uma carta dirigida ao USDA e feita na carta todas as informações solicitadas no formulário. Para solicitar uma cópia do formulário de reclamação, ligue para (866) 332-9999. Enviando seu formulário ou carta completa para USDA por:

Correio:  Departamento de Agricultura dos EUA
Gabinete do Secretário Adjunto dos Direitos Civis
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
fax: (202) 690-7442
email: program.initiate@usda.gov

Esta instituição é um provedor de igualdade de oportunidades.