

Student Enrollment Form

Note: Please print clearly

Personal Information

Student's Name _____
First
Middle
Last

Home Address _____
No.
Street
City
State
Zip

Township _____ County: _____ Male: _____ Female: _____

We reside _____ within _____ outside the Unionville-Sebewaing Area School District.

Date of Birth: _____ Place of Birth: _____ SS#: _____

Grade: _____ Home Phone: _____ Cell #: _____ Cell #: _____

E-Mail Address: _____

Was this student previously enrolled at USA Schools? No: _____ Yes: _____ If Yes When: _____

Was this student enrolled at a previous school? No: _____ Yes: _____ If Yes Where: _____

Was this student enrolled in any special programs at the last school? No: _____ Yes: _____
 If yes, what? _____

Ethnicity

Is this student Hispanic/Latino? (Choose only one)
 No, not Hispanic/Latino
 Yes, Hispanic/Latino – (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Race (Choose one or more)

American Indian or Alaskan Native
 Asian Black or African American
 White Native Hawaiian/Pacific Islander
 Language Spoken in the home? _____

Where is the student living now? (check one box)

- in a one family dwelling with more than one family in a house or apartment
 in a car in a trailer park or campsite with friends/family members (other than parent/guardian)
 in a shelter in a motel or hotel none of the above _____

Names of Parents or Guardian with whom the child resides: _____

Parents are (circle one): married separated divorced remarried single
Father / Guardian
Mother / Guardian
(Please Circle One)
(Please Circle One)

Name: _____

Address: _____

Home Phone No.: _____

Occupation: _____

Place of Employment: _____

Work Phone No.: _____

Name

Grade

Other children in family:

Child's Name	Birth date	Age	Grade Entering At USA

Pupil Transportation Request Bus Information:

Bussing information needs to be provided once per family. If you have provided this information on one of your children please provide the name and what grade this child is in.

My child needs to be bussed to and from USA Schools _____ Yes _____ No

If yes, direction to

home _____

(Please Note: If you have a rural address, give specific location or name of nearest crossroad. Example: 8900 Gettel Road, West side of road, 1/2mile South of Rescue Road.)

If your child goes to the babysitter's, please provide the following information:

Babysitter's Name

Babysitter's Address

Babysitter's Phone No.

(Directions to Babysitter's Home)

Date to begin picking up my child(ren):

Parent Signature:

Date

Signature of Parent

(To be completed by USA Transportation Dept.)

Bus No. Assigned: _____

Bus Driver Assigned: _____

Date: _____

(Transportation Supervisor)

The Unionville-Sebewaing Area Schools, in its policies, programs, and practices, does not discriminate on the basis of race, color, religion, national origin, or ancestry, age, sex, disability, height, weight, or marital status, nor toward qualified handicapped individuals, in all activities and employment.

Important Medical Information

Allergies: _____

Current Medications or Treatments: _____

Medical conditions or concerns: _____

Other: _____

IF YOU WANT USA SCHOOLS TO ADMINISTER MEDICATION TO YOUR CHILD, AN ADDITIONAL FORM NEEDS TO BE FILLED OUT. THIS INCLUDES NON-PRESCRIBED, PRESCRIBED, INHALERS, ETC.

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Unionville-Sebewaing Area Schools

2203 Wildner Road
Sebewaing, MI 48759
(989) 883-2360



Request for Records

TO: _____
Name of School Holding Records

No. Street Address

City State Zip

My child has been enrolled at the **Unionville-Sebewaing Area Schools** on this date. I hereby request and give my permission for you to send my child's CA-60 file containing the following:

- 1) Psychological Records
- 2) Academic Records
- 3) Medical Records
- 4) UIC Number

to the **Unionville-Sebewaing Area Schools** at the address checked below.

Student's Name: _____
First Middle Last

Birth Date: _____ Last Grade Attended: _____

I authorize the release of all educational records for the above-named student to the Unionville-Sebewaing Area Schools.

Date: _____

Signature of Parent

No. Street Address

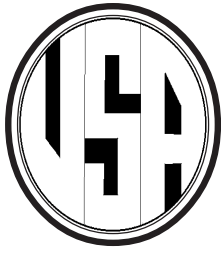
City State Zip

Please send the above student's CA-60 file to the following school address:

**Unionville-Sebewaing Area
Elementary School**
7835 N. Unionville Road
Unionville, MI 48767
(989) 883-9147 Phone
(989) 883-9193 Fax

**Unionville-Sebewaing Area
Middle School**
2203 Wildner Road
Sebewaing, MI 48759
(989) 883-3140 Phone
(989) 883-9469 Fax

**Unionville-Sebewaing Area
High School**
2203 Wildner Road
Sebewaing, MI 48759
(989) 883-2534 Phone
(989) 883-9739 Fax



Unionville-Sebewaing Area Schools

2203 Wildner Road
Sebewaing, MI 48759
(989) 883-2360 Phone (989) 883-9021 Fax



Network Request Form

I have enrolled at the Unionville-Sebewaing Area Schools and hereby request that my name be added to the USA computer network so that I will have access to E-Mail and computer usage at USA Schools.

Student's Name: _____
Last First Middle

Birth Date: _____ Grade: _____
Grade Enrolling at USA

If your request for a login is accepted, you will be notified that your name has been added to the USA Schools' computer network and that a temporary password has been assigned to you. After logging in for the first time, you may desire to change your password. This can be done through the main menu. Detailed instructions on how to change your password will be given to you when you are notified that you have been added to the computer system.

Date: _____
Signature of Student or Parent

(To be completed by USA Computer Administrator)

Computer Login Name:

USA Student ID # Assigned _____

Class of _____ Grade _____ Password Assigned _____
Year Graduating Grade Enrolling at USA

Date Entered: _____
Computer Administrator

The Unionville-Sebewaing Area Schools, in its policies, program, and practice, does not discriminate on the basis of race, color, religion, national origin, or ancestry, age, sex, disability, height, weight, or marital status, nor toward qualified handicapped individuals, in all activities and employment.

Dear Parent/Guardian:

Children need healthy meals to learn. Unionville-Sebewaing Area Schools offers healthy meals every school day. Students may buy lunch for HS \$2.05/Elem & MS \$1.80 and breakfast for \$1.05. Your children may qualify for free meals or for reduced price meals. We sell reduced price lunches for \$0.40 and breakfasts for \$0.30. If a doctor has determined that your child has a disability, and the disability would prevent the child from eating the regular school meal, the school will make any substitution prescribed by a licensed physician at no extra charge. The physician's statement, including prescribed diet and/or substitution, must be submitted to the food service department at your school. For further information, please call **Mrs Jean Heck at (989)883-2534 ext 163.**

- 1. Do I need to fill out an application for each child?** No. Complete the application to apply for free and reduced price school meals. Use one Free and Reduced Price School Meals Family Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Mrs. Jean Heck, USA Schools, 2203 Wildner Rd, Sebewaing, (989)883-2534 ext 163.
- 2. Who can get free meals?** Children in households getting Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) and most foster children can get free meals regardless of your income. Also, your children can get free meals if your household income is within the free limits on the Federal Income Guidelines.
- 3. Can foster children get free meals?** Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
- 4. Can homeless, runaway, and migrant children get free meals?** Please call Superintendent George Rierson (989)883-2360, homeless liaison or migrant coordinator to see if your child(ren) qualify if you have not been informed that they will get free meals.
- 5. Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Guidelines Chart.
- 6. Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced price meals?** Please read the letter you got carefully and follow any instructions if provided. Call the school at (989)883-2534 ext 163 if you have questions.
- 7. My child's application was approved last year. Do I need to fill out another one?** Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
- 8. I get WIC. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. An application must be filled out by WIC households.
- 9. Will the information I give be checked?** Yes, we may ask you to send written proof of any information provided on the application.
- 10. If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting FAP, FIP, FDPIR, or other benefits. If you lose your job, your children may be able to get free or reduced price meals.
- 11. What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing by calling or writing to: Superintendent George Rierson, 2203 Wildner Rd, Sebewaing, MI 48759 (989)883-2360.
- 12. May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.
- 13. Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relative, or friends) who share income and expenses. You must

include yourself and all children who live with you. If you are living with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.

- 14. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
- 15. We are in the military. Do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.
- 15. What if my child does not have health insurance?**
Your children may qualify for low cost or free health insurance through MIChild and Healthy Kids Program. To apply online, go to www.michigan.gov/michild or call 1-888-988-6300 for help or to request a paper application.
- 16. My spouse is deployed to a combat zone. Is her combat pay counted as income?** No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.
- 17. My family needs more help. Are there other programs we might apply for?** To find out how to apply for Supplemental Nutrition Assistance Program (SNAP) or other assistance benefits, contact your local assistance office or call 1-800-481-4989.

If you have any other questions or need help, call Jean Heck (989)883-2360 ext 163

Sincerely,

Jean Heck
Food Service Director

Application Instructions

If you are applying for a FOSTER CHILD, follow these instructions:

- Part 1: Check the box and list the child's personal use monthly income, if any.
- Part 2: Skip this part.
- Part 3: Skip this part.
- Part 4: **Use a separate application for each foster child.** List the child's name, school, and grade. Do not list other household members. A foster child is considered a household of one.
- Part 5: Skip this part.
- Part 6: Sign and date the form. A social security number is not necessary.
- Part 7: Answer this question if you choose to.
- Part 8: Answer this question if you choose to.

[If you are applying for a homeless, migrant, or runaway child check the appropriate box and contact your Homeless Liaison or Migrant Coordinator.] Fill out application by following instructions for ALL OTHER HOUSEHOLDS.

If anyone in your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR), follow these instructions:

- Part 1: Skip this part.
- Part 2: Skip this part.
- Part 3: Answer the question by circling either YES or NO. If you circle YES, you must list a case number in the space provided for the specific program.
- Part 4: Fill out with only the student's names, grades and schools in your household. Filling in non-student names is not necessary.
- Part 5: Skip this part.
- Part 6: Sign and date the form. A social security number is not necessary.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

- Part 1: Skip this part.
- Part 2: Check the appropriate box, if any.
- Part 3: Skip this part if it was not applicable to your household.
- Part 4: Follow these instructions to report **all** household members:
- Column 1 - Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Be sure to include all students. Attach another sheet of paper if needed.
- Column 2 – Grade:** Fill in the grade of each student in your household.
- Column 3 – School Name:** Fill in the school name each student in your household is attending.
- Part 5: Gross Income: Use this section to report all income in your household from the previous month: For all household members (including students, young children, grandparents, relatives, etc) that are not receiving any income, **circle the \$0 indicating NO income for that person.**
- o Next to each person's first and last name list each type of income received last month. *Next to the amount circle how often the person got it (weekly, every 2 weeks, twice a month, or monthly).*
 - o *Earnings from work:* List the gross income each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** Net income should **ONLY** be reported for self-owned business, farm, or rental income.
 - o *All other income:* List the amount each person got last month from welfare, child support, and alimony in the next column. List the amount each person got last month from pensions, retirement, and Social Security in the respective column. List All Other Income sources in the last column. All Other Income includes Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME.
- Part 6: An adult household member must sign and date the form, and list a **social security number** or check the box "I do not have a social security number."
- Part 7: Skip this part.
- Part 8: Answer this question if you choose to.

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1 - Foster Child Yes Child's spending money per month \$_____. If none available, list \$0. **Only list the foster child's name, grade and school in Part 4.**
 Only the foster child's spending money is counted as income on a foster child application. **Complete a separate application for EACH foster child.**

Part 2 - ___ Homeless ___ Migrant ___ Runaway **Only list the child's name, grade and school in Part 4.**
 If the child you are applying for is homeless, migrant or a runaway, check the appropriate category and verify with the district/school Homeless Liaison or Migrant coordinator at _____

Part 3 - Does any member of your household receive Food Assistance Program/Family Independence Program/FDPIR? YES NO (circle one)
 If yes, you **MUST** list a case number - Food Assistance Program # _____ Family Independence Program # _____ FDPIR # _____
 * Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers

Part 4 - Household Names - List below all people living in your household, students and non-students, related or unrelated, for example, grandparents, other relatives, and/or friends including yourself and children who live with you.			Part 5 - Total Household Gross Incomes Include the amount of money and Circle how often it is received. If you listed a Food Assistance Program/Family Independence Program/FDPIR number for a child in Part 3, skip to Part 6.													
Names (Last, First)	Grade (if applicable)	Building Name (if applicable)	Circle if NO Income	Earnings from Work (before any deductions and taxes)		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All Other Income						
				weekly	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks			
Example: Doe, Jane			\$0	\$600	monthly			\$250	monthly							
1			\$0		monthly				monthly							
2			\$0		monthly				monthly							
3			\$0		monthly				monthly							
4			\$0		monthly				monthly							
5			\$0		monthly				monthly							
6			\$0		monthly				monthly							
7			\$0		monthly				monthly							

Part 6 - Signature and Social Security Number (Adult household member MUST sign and date.)
 If Part 5 is completed, the adult signing the form must also list his or her Social Security Number or check the "I do not have a social security number box". (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal Funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

Sign Here: X _____ **Print Name:** _____ **Date:** _____

Adult Social Security Number: _____ **I do not have a Social Security Number**

Address	City	Zip Code	County
Home/Cell Phone	Work Phone	Email Address	By providing your email address you may be notified via e-mail of your eligibility for free and reduced price school meals.

Part 7 - Foster Children *In most cases foster children are eligible for free meals regardless of your household income.*

Foster Home License Number: _____ (optional)

_____ A. The welfare agency or court is legally responsible for the child and the foster home is, in fact, an extension of the welfare agency or court.

_____ B. The child is a resident of a licensed "Group Foster" home or residential institution.

Part 8 - Child's Racial/Ethnic Identity (optional)

Check One or More Racial Identities:

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

Check One Ethnic Identity:

- _____ Hispanic or Latino
 _____ Neither Hispanic or Latino

Privacy Act Information: Social Security Number

The Richard B. Russell 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 social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program, 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.

Non-discrimination Statement: *This explains what to do if you believe you have been treated unfairly.*

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

VERIFICATION - FOR SCHOOL USE ONLY

Date Selected for Verification: _____

Confirming Officials Signature: _____

Date Follow-up/Second Notice: _____

Response Due from Household: _____

Follow-up Officials Signature: _____

FAP/FIP Eligibility:

- _____ Not confirmed
 Confirmed:
 _____ Department of Human Services
 _____ Notice of Eligibility

Income

- | | |
|---------------------|--------------------------|
| \$ _____ | _____ Wage Stubs |
| _____ Weekly | _____ Written Documents |
| _____ Every 2 weeks | _____ Collateral Contact |
| _____ Twice a month | _____ Agency Records |
| _____ Monthly | _____ Other _____ |
| _____ Annual | |

Verification Result

- _____ Free to Reduced
 _____ Free to Paid
 _____ Reduced to Free
 _____ Reduced to Paid
 _____ No Change

Reason for Eligibility Change:

- _____ Income
 _____ Household Size
 _____ Refused to Cooperate
 _____ Other _____

Date of Adverse Notice Sent: _____

Verification Official's Signature: _____

APPROVAL/DISAPPROVAL - FOR SCHOOL USE ONLY

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

Household Size: _____

Total Gross Income: \$ _____
 _____ Weekly
 _____ Every 2 Weeks
 _____ Twice a Month
 _____ Monthly
 _____ Annual

- _____ Foster Child
 _____ Categorical Eligibility

Eligibility:

- _____ Free
 _____ Reduced
 _____ Paid
 _____ Temporary Free - Time Period:
 _____ (expires after _____ days)

Reason for Denial:

- _____ Income Too High
 _____ Incomplete Application
 _____ Other (specify) _____

Determining Official's Signature: _____ **Date:** _____ **Date Dropped/Withdrawn:** _____