



## **MVRHS Student Enrollment Procedures**

Please contact the MVRHS Guidance Department, Cindy Grant, Guidance Secretary, ext. 121, [cgrant@mvyps.org](mailto:cgrant@mvyps.org) or Aline Leite, 508-560-7257, [aline.leite@mvyps.org](mailto:aline.leite@mvyps.org). They will arrange for you to receive an enrollment packet. A Request for Records form in the packet; it specifies the documents necessary for enrollment and enables your sending school to release records to MVRHS.

- We **must** receive all educational, medical, and specified documents prior to your scheduled enrollment appointment.
- Once the student's educational and medical records are received, an enrollment appointment for you and your student will be scheduled by the Guidance Secretary.
- The enrollment packet forms must be completed and brought with you to the enrollment appointment.
- The federal McKinney-Vento Act guarantees school enrollment for anyone who, due to the lack of housing, does not have a fixed, regular, and adequate nighttime residence. If this applies to you, please let us know.

*MVRHS is happy to provide translation services if needed for enrollment. Kindly let us know if this service is required.*

### **Your enrollment appointment procedure will be as follows after your report to the Guidance Department:**

1. Meet with the School Nurse for 20 to 30 minutes to review medical history, and immunization records, and review the student's last physical.
2. Meet with Guidance Secretary who will input your registration information into our database.
3. If your student receives Special Education services, you will meet with the Special Education staff regarding their IEP.
4. Meet with a Guidance Counselor who will work with your student to build a class schedule and address transition issues. If your student receives 504 services, a plan will be discussed.
5. If English is not your first language, your student will meet with our ESL teacher for testing.
6. For assistance with free or reduced meals, please see the form included with your packet (last page).
7. The Guidance Counselor will help find your student's bus stop and time, it can also be accessed at [www.mvrhs.org](http://www.mvrhs.org).
8. The Guidance Secretary will provide you and your student with MVRHS PowerSchool access account information. PowerSchool is an internet-based platform that provides access to student schedules, attendance, report cards, and other important messages. PowerSchool enhances our communication and cooperation to better meet the needs of students and their families.
9. **Complete Required Student Registration with FamilyID - MVRHS uses FamilyID to gather Demographic and Medical Information.** Please refer to the FamilyID direction sheet included in this packet.
10. If all paperwork is complete, your student will begin school the day following your enrollment appointment.
11. Please go to [www.mvrhs.org](http://www.mvrhs.org) to view more detailed school, academic, health & wellness, and athletic information.



Sara Dingley, Principal  
Richard Smith, Superintendent  
John F. Fiorito, Director of Guidance

## MVRHS STUDENT RECORD RELEASE REQUEST

Records may be emailed to Cindy Grant - [cgrant@mvvyps.org](mailto:cgrant@mvvyps.org) or [aline.leite@mvvyps.org](mailto:aline.leite@mvvyps.org)

Date Requested: \_\_\_\_\_

Sending School: \_\_\_\_\_

School Email: \_\_\_\_\_

School Phone Number: \_\_\_\_\_ School Fax: \_\_\_\_\_

**Please release official copies of the following information to  
Martha's Vineyard Regional High School for enrollment of this student.**

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_

**Please send all items listed below:**

- Dates of Attendance
- Transcript of Grades and Cumulative Credits
- School Profile if Available
- Standardized Test Scores (MCAS Test Results if Massachusetts Student)
- Health, Immunization Record, and last physical.
- Special Education Services/Psychological Data or 504 Plan - (Please indicate if there are no services)
- ELL Testing (English Language Learners)
- LEP Testing (Limited English Proficiency Testing )
- Discipline Information (according to HB 1301 & 1298. Safe Schools a district is required to supply to the new school district any incidents involving this child that were "serious violations of discipline policies" and shall respond to such a request within five business days of receiving the request.)
- Parents or sending schools must provide a Birth Certificate.
- Parents/Guardians must provide Proof of Residency (acceptable forms of proof provided on a separate sheet).

Authorization - Signature of Parent/Guardian: \_\_\_\_\_

Parent/Guardian - Email Address: \_\_\_\_\_

Parent/Guardian - Phone Number: \_\_\_\_\_

**Martha's Vineyard Regional High School Guidance Department**

PO Box 1385, 100 Edgartown Road Oak Bluffs, MA, 02557

508.693.1033 x 121 | Fax: 508.696.6043 | [www.mvrhs.org/guidance](http://www.mvrhs.org/guidance)

Community. Accountability. Compassion. Resilience. Curiosity

# Martha's Vineyard Regional High School

## Student Data Sheet

### Section 1

Please Print (legal name, no nicknames):

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: (month/day/year): \_\_\_\_\_ Gender: Female \_\_\_\_\_ Male \_\_\_\_\_ Nonbinary \_\_\_\_\_

City and State of Birth (as listed on birth certificate)

City: \_\_\_\_\_ State: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

City of Residence: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

\*Country of Origin (if not born in the United States)

(country from which immigrant children have immigrated): \_\_\_\_\_

\*First Native Language (Native language is the specific language or dialect first learned by an individual or first used by parent/guardian with a child): \_\_\_\_\_

### Section 2 (Please Answer Both Questions)

Is this student Hispanic or Latino? (choose one only):

\_\_\_\_\_ No, not Hispanic or Latino

\_\_\_\_\_ Yes, Hispanic or Latino (A person of Cuban, Mexican, Chicano, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race.)

What is the Student's race? (select one or more):

\_\_\_\_\_ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

\_\_\_\_\_ 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 people of Hawaii, Guam, Samoa, or other Pacific Islands.)

\_\_\_\_\_ 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 Phillipine Islands, Thailand, and Vietnam.)

### Section 3

Migrant Status (check if applicable):

\_\_\_\_\_ An indication of whether an individual or a parent/guardian accompanying an individual maintains primary employment in one or more agricultural or fishing activities on a seasonal or other temporary basis and establishes a temporary residence for the purpose of such employment.

Immigrant Status (check if applicable):

\_\_\_\_\_ An indication of whether a student is eligible for the Emergency Immigrant Education Program, the student must not have been born in any State (any of the 50 states, the Commonwealth of Puerto Rico, the District of Columbia, Guam, America Samoa, the Virgin Islands, the Northern Mariana Islands, or the territory of the Pacific Islands) and not have completed 3 full academic years of school in any state.

# Martha's Vineyard Regional High School

## Home Language Survey

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 help us meet this important requirement by answering the following questions. Thank you for your assistance.

<b>Student Information</b>	
First Name _____	Middle Name _____
Last Name _____	Gender F <input type="checkbox"/> M <input type="checkbox"/>
Country of Birth _____	Date of Birth (mm/dd/yyyy) _____
Date first enrolled in ANY U.S. school (mm/dd/yyyy) _____	
<b>School Information</b>	
Start Date in New School (mm/dd/yyyy) _____	Name of Former School and Town _____
Current Grade _____	
<b>Questions for Parents/Guardians</b>	
What is the primary language used in the home, regardless of the language spoken by the student? _____	Which language(s) are spoken with your child? (include relatives -grandparents, uncles, aunts, etc. - and caregivers) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always
What language did your child first understand and speak? _____	Which language do you use most with your child? _____
How many years has the student been in U.S. Schools? (not including pre-kindergarten) _____	Which languages does your child use? (circle one) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always
Will you require written information from school in your native language? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language? _____	Will you require an Interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language? _____
Parent/Guardian Signature: X _____	_____ / _____ /20 Today's Date: (mm/dd/yyyy)

# Martha's Vineyard Regional High School

## Members of Military Families

As part of the Interstate Compact on Educational Opportunity for Military Children, the Massachusetts Department of Elementary and Secondary Education has asked schools to reach out to families, in an effort to determine whether students may be eligible for assistance as members of military families.

### What children are eligible for assistance under the compact?

Children of:

- Active duty members of the uniformed armed service, or National Guard and Reserve on active duty orders
- Members or veterans who are medically discharged or retired for one (1) year
- Members who die on active duty

### What children are not eligible for assistance under the compact?

Children of:

- Inactive members of the National Guard and Reserves
- Members now retired not covered above
- Veterans not covered about
- Department of Defense personnel, federal agency civilians and contract employees not defined as active duty

Check YES or NO if you have a student enrolled at the Martha's Vineyard Regional High School who is a child of a military family.

YES \_\_\_\_\_ child of an active duty member

YES \_\_\_\_\_ child of members or veterans who were medically discharged or retired in the last year

YES \_\_\_\_\_ child of member who dies on active duty in the last year

NO \_\_\_\_\_

Student's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Martha's Vineyard Public Schools McKinney-Vento  
Eligibility Questionnaire**

**Student's name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information will help us to determine the services your child may be eligible to receive.

1. Is your current address a temporary/ emergency living arrangement?    Yes \_\_\_ No \_\_\_
2. Is this living arrangement due to loss of housing, economic hardship or similar reasons?    Yes \_\_\_ No \_\_\_

If you answered YES to the above questions, please complete the remainder of this form. If you answered NO, you may stop here.

Where is the student presently living? (Check one box.)

- In a motel
- In a shelter
- With a family member, friend or acquaintance
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations (ex. car, park, campsite, basement, floor, living room)
- Other \_\_\_\_\_

**Name of Parent(s) / LegalGuardians(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Signature of Parent/Legal Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**U.S. Department of Education  
Office of Indian Education  
Washington, DC 20202  
TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM**

**Parent/Guardian:** This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. This form should be kept on file and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

**STUDENT INFORMATION**

Name of the Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
(As shown on school enrollment records)  
Name of School \_\_\_\_\_

**TRIBAL ENROLLMENT**

Name of the individual with tribal enrollment: \_\_\_\_\_  
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: \_\_\_\_\_ Child \_\_\_\_\_ Child's Parent \_\_\_\_\_ Child's Grandparent

Name of tribe or band for which individual above claims membership: \_\_\_\_\_

The Tribe or Band is (select only one):

- \_\_\_\_\_ Federally Recognized
- \_\_\_\_\_ State Recognized
- \_\_\_\_\_ Terminated Tribe (Documentation required. Must attach to form)
- \_\_\_\_\_ 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. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

- A. Membership or enrollment number (if readily available) \_\_\_\_\_ OR  
B. Other Evidence of Membership in the tribe listed above (describe and attach) \_\_\_\_\_

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**ATTESTATION STATEMENT**

I verify that the information provided above is accurate.

Name Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Date \_\_\_\_\_

## INSTRUCTIONS FOR THE ED 506 FORM

### FOR APPLICANTS:

**PURPOSE:** To comply with the requirements in 20 USC 7427(a), which provides that: "The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)".

**MAINTENANCE:** A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does NOT have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA's school(s) and counted during the count period indicated in the application.

### FOR PARENTS/GUARDIANS:

**DEFINITION:** Indian means an individual who is (1) A member of an Indian tribe or band, as membership is defined by the Indian tribe or band, including any tribe or band terminated since 1940, and any tribe or band recognized by the State in which the tribe or band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, 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 on October 19, 1994.

**STUDENT INFORMATION:** Write the name of the child, date of birth and school name and grade level.

**TRIBAL ENROLLMENT INFORMATION:** Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child's parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally-recognized tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- **Federally Recognized-** an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- **State Recognized-** an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe-** a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group-** 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.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child's eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

**ATTESTATION STATEMENT:** Provide the name, address and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

**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 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 02/29/2020.



# **Martha's Vineyard Regional High School**

## **Accepted Documentation as Proof of Residency**

*A proof of residence is a document confirming where you live – it must have both your full name and your physical address printed on it. We accept the following kinds of documents as a proof of residence:*

1. Rental/lease agreement, mortgage document or current real property assessment document in the parent/guardian's name.
2. Utility bill for water, electric, gas or telephone that indicates that the billing is in the parent/guardian's name and is being sent to the house, and
3. If a parent or guardian cannot provide documentation of legal residence because the parent/legal guardian is living with relative/friend, a notarized statement by the relative/friend can be accepted by the school with the following stipulation:
  - a. Notarized statement must state that the parent/legal guardian and child are living with the relative/friend;
  - b. Notarized statement must state the name of the relative/friend that is on the relative/friend's proof of legal residence;
  - c. Notarized statement must state the same address of the relative/friend that is on the relative/friend's proof of legal residence;
  - d. A copy of the relative/friend's proof of legal residence must be attached to the notarized statement; and
  - e. Notarized statement must be signed by the same name of the relative/friend that is on the relative/friend's proof of legal residence.

## **MVRHS FamilyID Student Registration Directions**

All students must be registered on FamilyID, our online registration program, prior to entering our school. MVRHS uses FamilyID to gather Demographic and Medical information for ALL students. The initial information you enter will carry over into the next school year making it easy for annual updates and verification. Parents/Guardians are required to review their student(s) demographic and medical data yearly and make any needed changes while also electronically signing permission for a variety of items.

If your student is new to our school, please go to <https://www.familyid.com/pages/home> and create a FamilyID account. Once you fill out the "Account Owner Sign Up" and click on the "Create Account" button, and in about 20 minutes you will be sent an email with a link to begin the registration process. Please note that the "**participant**" on this registration is referring to the student you are registering. The parent/guardian are the owners of the account, and only you, the owner, can make changes to this account.

In order for a registration to be APPROVED via FamilyID, you will need to complete the entire page (this could take up to 15 minutes, or more to complete). At the bottom of the page, you will see a *Continue* button. If you click the button and it brings you back to the registration form you just worked on, it is because you are missing required (\*) information. Please look for ALL of the boxes outlined in RED as you will not be able to complete this registration until all of the red highlighted areas have been fixed. Once all boxes have been completed, click *Continue* and it will bring you to a second page where you will need to click on the GREEN *Submit* button in order for the registration process to be completed. Please note, there are NO fees associated with the MVRHS 2020-2021 Demographic & Medical or the MVRHS Athletic Registrations.

If your student is a returning 10th, 11th, or 12th grader, you will need to log into your family account from the past year at <https://www.familyid.com/pages/home> and make any necessary changes. For example, a change in phone numbers, addresses, or emergency contacts. You will also need to go through the questions from the nurse regarding possible care options your student may need on any given day as well as any changes in your student's medical condition. MVRHS needs you to give your student permission for a variety of items that include, Internet use, Media Release, Field Trips, Permission to Treat, Release of Student Information, along with verification that your student has read the MVRHS Student Handbook (hard copies are available in the Front Office).

We are happy to help you in any way that we can but please understand that we CANNOT access your account to make any changes, it is your responsibility to keep this account current. If you are experiencing any technical issues please contact FamilyID by calling, 1-781-205-2800, or by emailing them at [support@familyid.com](mailto:support@familyid.com).

**Thank you for taking the time to register your student on FamilyID.**



# 2020-2021 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	Grade	Student? Circle Yes or No	Foster	Homeless	Migrant	Runaway
						Check all that apply			
					Y N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Y N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Y N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Y N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Y N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Y N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 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 All 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:

Child Income	How often?			
	Weekly	Bi-Weekly	2x Month	Monthly
\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 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?				Public Assistance/ Child Support/ Alimony	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
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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: TISBURY SCHOOL, PO Box 878, Tisbury, MA 02568

"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."

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address (if available)	Apt #	City	State	Zip	Daytime Phone and Email (optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Printed name of adult signing the form	Signature of adult	Today's date		Error prone <input type="checkbox"/>	

**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

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
<ul style="list-style-type: none"> <li>- Salary, wages, cash bonuses</li> <li>- Net income from self-employment (farm or business)</li> </ul> <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> <li>- Basic pay and cash bonuses (do NOT include combat pay, FSA, or privatized housing allowances)</li> <li>- Allowances for off-base housing, food and clothing</li> </ul>	<ul style="list-style-type: none"> <li>- Unemployment benefits</li> <li>- Worker's compensation</li> <li>- Supplemental Security Income (SSI)</li> <li>- Cash assistance from State or local government</li> <li>- Alimony payments</li> <li>- Child support payments</li> <li>- Veteran's benefits</li> <li>- Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>- Social Security (including railroad retirement and black lung benefits)</li> <li>- Private pensions or disability benefits</li> <li>- Regular income from trusts or estates</li> <li>- Annuities</li> <li>- Investment income</li> <li>- Earned interest</li> <li>- Rental income</li> <li>- Regular cash payments from outside household</li> </ul>

**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

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.

**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, disability, age, 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](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:

1. mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW Washington, D.C. 20250-9410
2. fax: (202) 690-7442; or
3. email: [program\\_intake@usda.gov](mailto:program_intake@usda.gov)

This institution is an equal opportunity provider.

**For School Use Only**

**2020-2021 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

Only annualize income if there are multiple pay frequencies

Eligibility:

Categorical Eligibility

Free	Reduced	Denied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often?

Weekly	Bi-Weekly	2x Month	Month	Annually
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Determining Official's Signature

Date

Confirming Official's Signature

Date

Verifying Official's Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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