

Thatcher Middle School Registration Checklist:

The following items are needed to complete the registration process.

Forms from the registration packet:

- Student Registration Form (2 pages)
- Medical History (1 page)
- Medication Information: Nurses Office (1 page)
- Arizona Residency Documentation Form (1 page – please bring proper documentation to show AZ & Thatcher District residency)
- Registration Affidavit (1 page)
- Primary Home Language other Than English (PHLOTE) – (1 page)
- Student Technology Agreement (1 page – please review this with your student and collect both signatures)
- Family Lunch Accounts (1 page)
- Off-Campus/Eagle's Roost form
- Student Handbook Form (signed by parent and student)
- Field Trip Permission Slip
- Authority to Release and Transfer Education Records
- Contract for Weapons (signed by parent and student)
- Transportation Forms (2 pages)
- Free & Reduced Lunch Application

In addition to the completed Registration packet, we also require:

- Birth Certificate
- Immunization Records
- Proof of Thatcher District Residence (see form in packet)

***Failure to provide the above information may delay your registration**

CONTACT INFORMATION

Please List **THREE** persons, with different local phone numbers, who will assume responsibility for your child if you cannot be reached in an emergency. We will contact in order listed below. Please also list your family Physician.

| | | | |
|----|-------------------|---------|--------|
| 1. | | | |
| | Name/relationship | Home # | Cell # |
| 2. | | | |
| | Name/relationship | Home # | Cell # |
| 3. | | | |
| | Name/relationship | Home # | Cell # |
| 4. | | | |
| | Family Physician | Phone # | |

Race/Ethnicity Two Part Question: Must Answer BOTH Questions

Part 1: Ethnicity Is this student Hispanic/Latino? (Choose only one)

- | | |
|--|---|
| <input type="checkbox"/> Yes, Hispanic/Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) | <input type="checkbox"/> No, not Hispanic/Latino |
|--|---|

Part 2: Race What's the student's race? (Choose one or more, if unsure what to mark, contact the school office as this question must have a response.)

- | | |
|--|---|
| <input type="checkbox"/> American Indian or Alaskan Native (A person having origins in any of the original peoples of North and South American (including Central America), and who maintains a tribal affiliation or community attachment.) | <input type="checkbox"/> 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.) |
| <input type="checkbox"/> Black or African American (A person having origins in any of the black racial groups of Africa) | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands) |
| <input type="checkbox"/> White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa) | |

ACADEMIC PROBLEMS: Does the student have problems with: (Circle all that apply)

| | | | |
|---------|------|------------------|--------------------|
| Reading | Math | Written Language | School Adjustments |
|---------|------|------------------|--------------------|

PHYSICAL HANDICAPS: Does the student have problems with: (Circle all that apply)

| | | | |
|--------|---------|--------|---------------------------|
| Vision | Hearing | Speech | Other (please list) _____ |
|--------|---------|--------|---------------------------|

HISTORY: Has the student been enrolled in programs such as: (Circle all that apply)

| | | | |
|-------------------|--------|---------|---------------------------|
| Special Education | Gifted | Title 1 | Other (please list) _____ |
|-------------------|--------|---------|---------------------------|

FOR OFFICIAL USE ONLY

| | | |
|---|------------------|--|
| SAIS No. _____ | Student ID _____ | |
| Enrollment Code (school use) _____ | | |
| Enrollment Date (school use) _____ | Yes or No | Has anything been circled in the Academic, Problems, Physical Handicaps or History areas? * If Yes notify department immediately. |
| Date added in SMS (SYNERGY) _____ | | |
| Yes or No Birth certificate presented? | Yes or No | Open Enrollment? *If Yes, do they have a submitted/approved application? Yes or No |
| Yes or No Verify legal guardianship and residency? | | |
| Yes or No Completed medication information/consent for emergency care form? | Yes or No | Eligible for bus route? *if Yes, list bus color below. |
| Yes or No Primary Home Language Survey completed? | | |
| Yes or No Completed lunch application? * if No please explain _____ | Yes or No | Parent signature on page one? _____ |
| | | _____ Initials |

Medical History--Student Name _____

Student Grade _____

TMS

Please update this medical history as it pertains to your child. If yes, please explain in comments.

| YES | NO | MEDICAL CONDITION | DATE | FAMILY HISTORY | | COMMENTS |
|-----|----|---|------|----------------|----|----------|
| | | | | Yes | No | |
| | | Allergy to medicine | | | | |
| | | Food allergies | | | | |
| | | Seasonal allergies | | | | |
| | | Asthma | | | | |
| | | Diabetes | | | | |
| | | Seizure disorder | | | | |
| | | Heart condition | | | | |
| | | Tuberculosis | | | | |
| | | Valley Fever | | | | |
| | | Kidney Disease | | | | |
| | | Chicken Pox (Must list month and year) | | | | |
| | | Attention Deficit Disorder Hyperactivity | | | | |
| | | Broken bones | | | | |
| | | Serious Injuries requiring hospitalization | | | | |
| | | Vision Problem: Glasses/Contacts | | | | |
| | | Hearing Impairment/ hearing aides | | | | |
| | | Surgery | | | | |
| | | Other | | | | |

Please list any medications that your child takes for any of the above conditions, on a daily basis, or additional information you would like the nurses to be aware of.

IF YOUR CHILD SHOULD HAVE ANY SIGNIFICANT HEALTH CHANGES PLEASE NOTIFY THE SCHOOL NURSE.

This form will remain in place as long as your child is attending Thatcher Middle School. I have read and understand the requirements for immunizations records. It is the responsibility of the parent to update health information and to provide Thatcher Unified School District with updated immunizations or fill out an exemption form.

Parent Signature

MEDICATION FORM
Thatcher Unified School District #4

Student Name _____

Grade _____

TMS

The following are over the counter medications that we keep in the nurse's office. We may administer them if your child needs medication so that he/she may remain in school. No medication will be given without parent/guardians permission or a Physician's order. Our stock medications include topical medications, skin cleansers, eyewash, and saline solution for students with contact lenses. Please check the over the counter medications listed below that you give permission for your child to receive at school.

| | |
|---|--|
| _____ Acetaminophen (Tylenol) | _____ Chloraseptic spray/gargle for sore throat |
| _____ Ibuprofen (Advil, Motrin) | _____ DiphenhydramineHCl (Benadryl) for allergies |
| _____ Tums | _____ Chlortabs for allergies |
| _____ Cough Syrup (Robitussin) | _____ Cough drops for cough/sore throat |
| _____ Cramp Tabs (menstrual cramps) | _____ Topicals to include, antibiotic (neomycin polymyxin |
| _____ Saline Eye Drops | _____ bacitracin) cream, anti-itch cream (benadryl cream), |
| _____ Sting Relief Wipes for insect bites | _____ & cortisone cream |

All medicines brought to school by students must be checked in at office and form filled out by parent. This form will remain in place as long as your child is attending Thatcher Middle School.

CONSENT FOR EMERGENCY CARE

Be it known that I, the undersigned parent/guardian of the above named student, do hereby give and grant unto Thatcher School nurse, school officials, emergency medical personnel, physicians and hospital emergency personnel my consent and authorization to render medical aid or treatment to the above named student in the case of an emergency occurring during the school day or during a school-sponsored activity. I also understand and acknowledge that every attempt possible will be made to notify myself or or my family should such an emergency arise. By signing below I understand and give consent for medication and emergency care.

It is the responsibility of the parent to update information as needed.

Parent/Guardian Signature

Date

THATCHER UNIFIED SCHOOLS PROCEDURE FOR TAKING MEDICATION AT SCHOOL

When it is essential to a child's health that medications be taken during school hours:

1. The medicine must be prescribed by the child's physician and accompanied by a special medication permit or doctor's prescription to be given to the school nurse. A parent or legal guardian must sign a permission slip in the nurses' office.
2. Prescription drugs must be in the **original pharmacy container**, labeled with the physician's name, the child's name, date, medication, dose, time to be taken at school and date to be discontinued. (The parent may request the pharmacist to prepare a special container for school use.)
3. Whenever possible, the parent is asked to bring the medicine to the nurse. If this is impractical the parent may send the medication in a sealed envelope with the child.
4. Medication will be administered in the presence of the nurse, or in her absence, by the person designated by the principal.
5. Certain health problems demand that the child develop an understanding of his/her medical condition and learn to assume responsibility for self-management of medication. In these cases it is recommended that the child's doctor send written notification to the nurse so she knows what medication the child is taking and when it should be taken during the school day.

NOTE: Within three (3) days after the end of the authorized medication period or at the end of the school year, excess medication supplies may be picked up by the person who authorized the school nurse to administer the medication to a student. **Excess medication supplies not picked up shall be destroyed.**

Thatcher Unified School District Nurse's Office
TUSD

REQUIRED HEALTH INFORMATION FOR ALL STUDENTS ATTENDING THATCHER UNIFIED SCHOOL DISTRICT

The Arizona State Law applies to all students who attend public school.

REQUIREMENTS FOR SCHOOL ATTENDANCE

Every student must have proof of all required immunizations or valid exemption on file in order to attend the first day of school. Arizona law allows exemptions for medical reasons, laboratory evidence of immunity, and personal beliefs.

Every student must be immunized against Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, and Rubella, Chicken pox, Hepatitis B, and Meningococcal (required in 6-12th grades) according to Arizona Department of Health Services recommendations.

Each student's required immunization history must be presented at the time of registration and must be in compliance with Arizona State law. **Students cannot attend school without their immunization history on file.**

Immunization Law Sec. 15-871-874 states that the immunization history must have the **month, day, and year for each vaccine given with the name of the doctor or clinic.**

Diphtheria---4-5 doses with at least one dose being given at age 4 or older is required. A 6th dose is needed if 5 doses have been given before 4 years of age.

Tdap—1 Tdap dose is required for grades 6-12. A Td booster is required 10 years after the Tdap dose.

Meningococcal—1 dose is required for grades 6-12

Polio—3-4 doses. Three doses meet the requirement if the third dose was given at 4 years or older. 4 doses meet the requirement even if all 4 doses were given in the first year of life.

Measles/Mump/Rubella (MMR)—2 doses. A third dose will be required if the first dose was given before 12 months of age.

Hepatitis B—3 doses. A fourth dose will be required if the third dose was given before 24 weeks of age.

Varicella—One dose if given before 13 years of age. Two doses if first dose was given at 13 years of age or later. Students attending school prior to 9/1/2011 with parental recall of chicken pox disease are allowed to continue attendance with parental recall of disease. As of 9/01/2011 students enrolling a preschool or school for the first time are required to present proof of varicella immunization or valid exemption due to laboratory evidence of immunity, medical reasons or personal beliefs

You may obtain immunizations at your local physician's office or at the Graham County Health Department.

If you have any questions, please call the School Health Office at 348-7212



**Arizona Department of Education
Arizona Residency Documentation Form**

Student _____ School _____

School District or Charter Holder _____

Parent/Legal Guardian _____

As the Parent/Legal Guardian of the Student, I attest that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

- ___ ~~Valid Arizona driver's license, Arizona identification card or motor vehicle registration~~
- ___ ~~Valid U.S. passport~~
- ___ Real estate deed or mortgage documents
- ___ Property tax bill
- ___ Residential lease or rental agreement
- ___ ~~Water, electric, gas, cable, or phone bill~~
- ___ Bank or credit card statement
- ___ W-2 wage statement
- ___ Payroll stub
- ___ Certificate of tribal enrollment or other identification issued by a recognized Indian tribe that contains an Arizona address.
- ___ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

- ___ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

In order to meet both **Arizona** and **District** Residency requirements, the document types that are marked through are not being accepted by the Thatcher Unified School District.

Signature of Parent/Legal Guardian

Date

THATCHER UNIFIED SCHOOL DISTRICT NO. 4
P.O. Box 610, Thatcher, AZ 85552

REGISTRATION AFFIDAVIT

Grade _____ School _____

I, the undersigned _____, hereby certify that I will comply with the enrollment requirements set forth by Arizona Revised Statutes and Thatcher Unified School District No. 4 policy by furnishing documents indicated within 30 days of the first day of attendance for my child

_____.

One of the following:

- A **certified** copy of the birth certificate
- A copy of a baptismal certificate
- An application for a Social Security number
- An affidavit explaining inability to provide copy of the birth certificate
- A copy of a court order indicating court ordered placement of this student pursuant to Title 8 Ch 2 as prescribed by law.

A copy of the student's immunization record and proof of residency (see residency document) are also required for admission to Thatcher Unified School District as required by Arizona Law.

I understand that failure to provide required documentation may result in withdrawal of my child. I further understand that school attendance is mandatory and failure to enroll my child in a state accepted learning institution can result in notification of law enforcement officials.

I further understand that I have the option to have my child home-schooled and that I must notify the Graham County School Superintendent of my intent to do so.

Dated this _____ day of _____, 20_____.

Parent/Guardian

Registrar

Address

Telephone

City Zip



State of Arizona
Department of Education
Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)
Home Language Survey**
(Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c).

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. **What is the primary language used in the home regardless of the language spoken by the student?** _____
2. **What is the language most often spoken by the student?** _____
3. **What is the language that the student first acquired?** _____

Student Name _____ Student ID _____

Date of Birth _____ SAIS ID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____

School _____

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.

THATCHER UNIFIED SCHOOL DISTRICT – 2018 - 2019

Student Technology Acceptable Use Policy Agreement

Please read the following carefully before signing this document. This is a legally binding document.

I understand that, as a computer & Internet user, I am responsible for my actions and that I am responsible to act considerately and appropriately, in accordance with the following rules.

I understand that these actions are NOT permitted while using the school network, computers, or Internet access:

- use, send, display, or download offensive communication, obscene language or other media.
- harass, insult, attack, defame or cyber bully others.
- install/download software, violate copyright laws or illegally duplicate software, music or other data.
- use other users' passwords or identifiers without authorization.
- trespass in other users' files, folders, or work
- attempt to enter administrative network areas not related to specific classroom.
- intentionally misuse resources.
- attempt to bypass system protection.
- use the network for commercial use.
- intentionally damage computers, computer systems, or computer network.
- intentionally introduce a virus to a computer or a computer network.
- access or use chat rooms, inappropriate forums, or personal email, not including accounts set up by school personnel for educational purposes.
- attach a personal computing device to the TUSD network without authorization. Permission must be given by the TUSD Technology Department.
- perform any action which violates existing Board Policy or Public Law.

I will use technology including Internet access in an appropriate, responsible, and ethical manner. I will also participate in education and training on student safety with regard to safety on the Internet, appropriate behavior while online, on social networking websites, and in chat rooms, as well as cyber bullying awareness and response.

I understand that any violation of this agreement or any additional school or classroom guidelines may result in disciplinary action and/or loss of computer/Internet usage.

Student Name _____

Grade _____

Student Signature _____

Date _____

Parent Signature _____

Date _____

By signing, I acknowledge that when I am no longer a student of the School District, access to network systems will be terminated.

**THATCHER MIDDLE SCHOOL
OFF-CAMPUS WAIVER
HOME**

Student: _____ Date: _____

As the parent/guardian of the above named students, I give permission for this student to leave campus to eat lunch at home. I also understand that I accept full liability and responsibility for the conduct of my student while they are away from campus. I also understand that this waiver only applies for my student to eat lunch at home and then return to school. Any other activities will be in violation of the THATCHER MIDDLE SCHOOL OFF-CAMPUS POLICY.

(REFER TO CLOSED CAMPUS POLICY MAP)

Signature of parent/guardian

EAGLE'S ROOST

Student: _____ Date: _____

As the parent/guardian of the above named students, I give permission for this student to leave campus to eat **ONLY** lunch at the EAGLE'S ROOST and then return to school. I understand that because of its location, an off-campus exception has been made. I also understand that I accept full liability and responsibility for the conduct of my student while they are at the Eagle's Roost. If a student is on Eagle's Roost property during the school day other than lunch they will be in violation of the THATCHER MIDDLE SCHOOL OFF-CAMPUS POLICY.

Signature of parent/guardian

THATCHER MIDDLE SCHOOL STUDENT HANDBOOK AWARENESS

PARENT/GUARDIAN

- The **THATCHER MIDDLE SCHOOL HANDBOOK** is available on-line at: www.thatcherud.org by going to the Middle School website under the News & Events section. A hard copy may be obtained through the office upon request.
- I agree to contact school personnel when I have any questions concerning school policies, procedures, or my child's progress.
- I agree to support my child in his/her efforts to be the most successful student possible.

Parent/Guardian Signature: _____

STUDENT

- The **THATCHER MIDDLE SCHOOL HANDBOOK** is available on-line at: www.thatcherud.org by going to the Middle School website under the News & Events section. A hard copy may be obtained through the office upon request.
- I agree to read and familiarize myself with the contents.
- I agree to do my best to follow the policies and procedures that are contained within the **THATCHER MIDDLE SCHOOL STUDENT HANDBOOK.**
- I agree to work cooperatively with the faculty and staff of TMS so I can become the best student I possibly can.

Student Signature: _____

**THATCHER MIDDLE SCHOOL
FIELD TRIP PERMISSION SLIP**

I/WE _____
parents/guardians of _____ hereby grant
permission to Thatcher Unified School District to allow my/our child to participate
in school-sponsored excursions for the current school year under the supervision of
School District personnel, under the following conditions: (check one/or more)

_____ Permission is granted if school vehicles are used for
transportation.

_____ Permission is granted when students walk from their school
to the site of the field trip.

This permission slip is valid until the conclusion of the current school year.

Signature _____ Date _____

Thatcher Middle School

Phone (928) 348-7262 · Fax (928) 348-7263

AUTHORITY TO RELEASE AND TRANSFER EDUCATION RECORDS

Date: _____

_____ has enrolled at Thatcher Middle School in the _____ grade.
The date of birth for the above named student is _____. We would like to request the following records:

_____ Scholastic Records

_____ Athletic Card

_____ Attendance

_____ Health Records

_____ Test Record

_____ Behavioral Records

_____ Achievement Scores

_____ Psychological Records

Registrar's Signature

I consent to have the school disclose the requested information contained in the school records for my son/daughter above.

Parent/Guardian Signature

Please forward this information to:

Thatcher Middle School

P.O. Box 610

Thatcher, AZ 85552

Phone – (928) 348-7462

Fax – (928) 348-7263

In compliance with the Family Education Rights and Privacy Act, parental signature required for psychological records only.

**THATCHER MIDDLE SCHOOL
CONTRACT FOR ELIMINATING GUNS & WEAPONS**

Guns and other weapons clearly are a hazard to a safe learning environment and the welfare of human beings. According to the National Center for Health Statistics, everyday 14 young people, age 19 and under, are killed as a result of gun use. Violence in America's Public Schools, 11% of teachers and 23% of students say they have been a victim of violence in or near their schools. While the elimination of guns and weapons from schools is the responsibility of all segments of the school and society, three individuals have especially crucial responsibility: the student, principal and parent. This contract draws attention to the specific responsibilities of those three individuals.

WE, THE UNDERSIGNED, AGREE TO THE FOLLOWING COMMITMENTS:

STUDENT

- I agree to not bring a gun or any weapon to school or to any school event.
- I will tell my peers to seek adult assistance when conflict situations begin to get out of control.
- I will not carry another person's gun or weapon.
- If I see a gun or other weapon on campus or at a school event, I will alert adult about its existence.

Student Signature _____

PARENT/GUARDIAN

- I will teach, including by personal example, my teenager about the dangers and consequences of guns and weapons use, and I will keep any guns and all weapons I own under lock and away from my children.
- I will support the school's policies to eliminate guns and weapons and work with the school in developing programs to prevent violence.
- I will carry out my responsibility to teach my children how to settle arguments without resorting to violence, to encourage him/her to use those ideas when necessary, and to follow school guidelines for reporting guns and weapons they see to an appropriate adult.

Parent/Guardian Signature _____

2018-2019 Application for Free and Reduced Price School Meals

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

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (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.

| Child's First Name | MI | Child's Last Name | School Name | Homeless, Migrant, Runaway | |
|----------------------|--------------------------|----------------------|----------------------|---------------------------------------|--------------------------|
| <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | Foster Child <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No

If you answered **NO** > Complete STEP 3. If you answered **YES** > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number: Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?
Flip to the back of this application and 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 Income Section.

A. Child Income
Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all Children Household Members listed in STEP 1 here.

| Child GROSS income | How often? | | | |
|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Weekly | Bi-Weekly | 2x Month | Monthly |
| \$ <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B. All Adult Household Members (including yourself)
List only the Adult Household Members (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) for each source in whole dollars 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) | GROSS 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="text"/> | \$ <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="text"/> | \$ <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="text"/> | \$ <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="text"/> | \$ <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

C. Total Household Members Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member Check if no SSN

STEP 4 Contact information and adult signature Mail Completed Form to THATCHER UNIFIED SCHOOL NO.4 P.O. BOX 610 THATCHER, AZ 85552

"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."

Signature of adult completing the form Today's date

Printed name of adult completing the form Daytime Phone and Email (optional)

Street Address (if available) Apt # City State Zip

OFFICE USE ONLY

Eligibility: Free ___ Reduced ___ Denied ___ Error Prone

Determining Official's Signature: _____ Date: _____

Case # Application Foster Application Directly Certified: Date of Disregard: _____

Income Application

Household Size: _____

Total Income: _____ Per: Week Bi-Weekly (Every 2 Weeks) 2x Month Monthly Annual

Selected For Verification: Confirming Official's Signature: _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____

INSTRUCTIONS Sources of Income

| Sources of Income for Children | |
|--|---|
| Type of Income | Examples |
| Earnings from work | A child has a job where they earn a salary or wages. |
| Social Security -Disability payments | A child is blind or disabled and receives Social Security benefits. |
| -Survivor Benefits | A parent is disabled, retired, or deceased and their child receives social security benefits. |
| Income from persons <u>outside</u> the household | A friend or extended family member <u>regularly</u> gives a child spending money. |
| Income from any other source | A child receives 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"> - Salary, wages, cash bonuses - Net income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> - Basic pay and cash bonuses (<i>do not include combat pay, FSSA, or privatized housing allowances</i>) - Allowances for off-base housing, food and clothing | <ul style="list-style-type: none"> - Unemployment benefits - Workers Compensation - Supplemental Security Income (SSI) - Cash Assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits | <ul style="list-style-type: none"> - Social Security (including railroad retirement and black lung benefits) - Private Pensions or disability - Regular income from trusts or estates - Annuities - Investment Income - Earned Interest - Rental Income - Regular cash payments from outside household |

OPTIONAL Children's Racial and Ethnic Identities

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.

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

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, 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.

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THATCHER UNIFIED SCHOOL DISTRICT #4

Dear Parent/Guardian:

Children need healthy meals to learn. THATCHER SCHOOLS offers healthy meals every school day. **Breakfast costs \$1.75;** lunch costs \$2.75. **Your children may qualify for free meals or for reduced-price meals.** Reduced-price is **.30 for breakfast** and **.40 for lunch.** This packet includes an application for free or reduced-price meal benefits, as well as a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE MEALS?

- a. All children in households receiving benefits from **SNAP, FDPIR (Food Distribution Program on Indian Reservations)** or **TANF**, can get free meals regardless of your income.
- b. Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- c. Children participating in their school's Head Start Program are eligible for free meals.
- d. Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- e. Children can get free or reduced-price meals if your household's gross income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

| Household Size | Yearly Income | Monthly Income | Weekly Income |
|-------------------------|---------------|----------------|---------------|
| 1 | \$22,459 | \$1,872 | \$432 |
| 2 | \$30,451 | \$2,538 | \$586 |
| 3 | \$38,443 | \$3,204 | \$740 |
| 4 | \$46,435 | \$3,870 | \$893 |
| 5 | \$54,427 | \$4,536 | \$1,047 |
| 6 | \$62,419 | \$5,202 | \$1,201 |
| 7 | \$70,411 | \$5,868 | \$1,355 |
| 8 | \$78,403 | \$6,534 | \$1,508 |
| Each additional person: | +\$7,992 | +\$666 | +\$154 |

2. **HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?** Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call THATCHER UNIFIED SCHOOLS, MATT PETERSEN, (928-348-7201).
3. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. *Use one Free and Reduced-Price School Meals 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: ANITA MALDONADO, THATCHER SCHOOLS, P.O. BOX 610, THATCHER, AZ 85552 P: 928-348-7205.
4. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS?** No, but please read the letter you got carefully. If any children in your household were missing from your eligibility notification, contact **ANITA MALDONADO AT 928-348-7205** immediately.
5. **CAN I APPLY ONLINE?**

No, our district does not have the option to apply for free or reduced-price meals online at this time. Please contact Anita Maldonado, Thatcher Schools, P.O. Box 610, Thatcher, AZ 85552, 928-348-7205 and refer to the information above to complete a paper application.

6. 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 through **September 20, 2018**. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
7. 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. Please fill out an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.
10. 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: **ANITA MALDONADO, THATCHER SCHOOLS, P.O. BOX 610, THATCHER, AZ 85552 P: 928-348-7205**.
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals. Our organization does not release information for immigration-related purposes in the usual course of operating the School Nutrition Programs.
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact **Anita Maldonado, P: 928-348-7205**, to receive a second application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **SNAP** or other assistance benefits, contact your local assistance office or call 1-800-352-8401.

If you have other questions or need help, call **928-348-7205**.

Sincerely,

Anita Maldonado

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.

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