



Climax-Scotts Community Schools

REQUEST FOR STUDENT RECORDS

To: _____
 Previous School Name _____ Address _____

 Fax # _____ Phone # _____

Please send the CA-60 with all educational records pertaining to the student listed below as well as any other records of importance such as Student Health Plan, Discipline/Behavior Reports, Attendance Alerts, Special Education Assessment, Language Accommodations, and any other Special Service Determinations.

Please fax (to 269-746-4142) or email the following at your earliest opportunity:

- Transcript (grades 9-12) or student's most current report card
- Any Special Education Assessments or other Special Service Determinations
- Any Discipline/Behavior Reports

Name of Student _____ Age _____ Grade _____

Requesting School:

Climax-Scotts Jr./Sr. High School
372 S. Main Street
Climax, Michigan 49034
Phone: (269) 746-2300 Fax: (269) 746-4142
Email: angela.gilbert@cssschools.net

AFFIRMATION OF PRIOR DISCIPLINE RECORD

Parent / Guardian: Please check the applicable statement below, provide all appropriate information and sign.

- The undersigned affirms that _____ has **NOT** been suspended or expelled from any public or private school in Michigan or any other state
- The undersigned affirms that _____ **HAS** been suspended or expelled from a public or private school in Michigan or any other state.

If you checked statement #2, explain below the circumstances in detail. Include the school name, dates of suspension or expulsion and a description of the incident resulting in the suspension or expulsion.

My child has received Interventions or Special Education Services: Yes _____ No _____

Signature of Parent/Guardian _____ Date _____

CLIMAX-SCOTTS COMMUNITY SCHOOLS

2023-2024 SCHOOL CALENDAR

APPROVED 6/20/2023

Month	Day	Time	Activity	PD
AUGUST	21	9:00-11:30	New Teachers Report to their building	
		12:30-3:30	All Teachers Report Professional Development	3
	22	8:30-11:30	All Teachers Report Professional Development	3
		12:30-3:30	Teacher Classroom Work / Prep for Open House	
		5:00-6:30	Elementary School Open House	
	23	8:30-3:30	All Teachers Report Professional Development	6
	23	5:00-6:30	Jr/Sr High School Open House	
	24	8:00-9:15	Back to School Breakfast - All Teachers Report (Teacher hours 8:00-3:00)	
	25	*	No School, No Staff	
28	(1/2)	K-12 Students 1/2 Day Dismissal - First Day of School		
SEPTEMBER	1	*	No School, No Staff - Labor Day Holiday	
	4	*	No School, No Staff - Labor Day	
	28	4:00-7:00	J/S High School Conferences	
	29	(1/2)	K-12 Students 1/2 Day Dismissal-Teachers MICIP Building Team Meetings	3
OCTOBER	20	(1/2)	K-12 Students 1/2 Day Dismissal - Teachers 1/2 Day Professional Development	3
	26		End of Marking Period 1	
	27	*	No Students, MICIP meetings AM, PM Records	3
NOVEMBER	8	4:30-7:30	Elementary School Conferences	
	9	4:30-7:30	Elementary School Conferences	
	10	(1/2)	K-12 Students 1/2 Day Dismissal - Teachers 1/2 Day MICIP Building Team Meetings	3
	22-24	*	No School, No Staff - Thanksgiving	
	30	4:00-7:00	J/S High School Conferences	
DECEMBER	22	(1/2)	K-12 Students 1/2 Day Dismissal - Start Winter Break	
	25-29	*	Winter Break	
JANUARY	1-5	*	Winter Break	
	8		School Resumes	
	16		J/S High School 1st Hour Exam (full day)	
	17-19	(1/2)	K-12 Students 1/2 Day Dismissal - J/S High School Exams/PM Records	
	19		End of Marking Period 2	
FEBRUARY	22	4:00-7:00	J/S High School Conferences	
	23	(1/2)	K-12 Students 1/2 Day Dismissal - Teachers 1/2 Day Professional Development	3
	26	*	No Students - Mid Winter Break / Teachers Report MICIP Building Team Meetings	6
MARCH	20		End of Marking Period 3	
	21	*	No Students, MICIP meetings AM, PM Records	3
	22	*	No School, No Staff	
	25-29	*	Spring Break	
APRIL	1		School Resumes	
	10	4:30-7:30	Elementary School Conferences	
	11	4:30-7:30	Elementary School Conferences	
	19	(1/2)	K-12 Students 1/2 Day Dismissal - Teachers 1/2 Day MICIP Building Team Meetings	3
	25	4:00-7:00	J/S High School Conferences	
MAY	17		Last Day for Seniors	
	23	7:00	Graduation	
	27	*	No School, No Staff - Memorial Day	
JUNE	4		J/S High School 1st Hour Exam (full day)	
	5-7	(1/2)	K-12 Students 1/2 Day Dismissal - J/S High School Exams/PM Records	
	7		End of Marking Period 4	
	7		K-12 Students 1/2 Day Dismissal - Last Day for All Students	
	7		Last Day for Teachers - Dismissal at 3:00	

180 Student Days - 187 Teacher Days



CLIMAX-SCOTT'S JR/SR HIGH SCHOOL
REGISTRATION FORM

Please fill out all information as you would like it to be in the system. Please write legibly.

Student Name _____ D.O.B _____ Grade: _____
First Middle Last

Student Physical Address _____ City/Zip Code _____

Student Mailing Address (if different) _____ City/Zip Code _____

Student Cell Number _____ Student Email Address _____

Parent/Guardian #1

Parent/Guardian Full Name _____ Relationship to student _____

Physical Address (write "same" if same as student) _____

Mailing Address (if different or write "same" if same as student) _____

Home phone _____ Cell Phone _____ Email Address _____

Name of Employer _____ Work Phone _____

Do you have custody of student? Yes ___ No ___ (must be listed on birth certificate or have court documentation, if yes)

Check all that apply: Lives with ___ School pickup ___ Emergency Contact ___ Receives Student Mail ___

Parent/Guardian #2

Parent/Guardian Full Name _____ Relationship to student _____

Physical Address (write "same" if same as student) _____

Mailing Address (if different, write "same" if same as student) _____

Home phone _____ Cell Phone _____ Email Address _____

Name of Employer _____ Work Phone _____

Do you have custody of student? Yes ___ No ___ (must be listed on birth certificate or have court documentation, if yes)

Check all that apply: Lives with ___ School pickup ___ Emergency Contact ___ Receives Student Mail ___

Student resides with: _____ Is there an official legal custody judgement? Yes No
If "yes" provide a certified copy of the document for the office
Are there any unusual living circumstances or housing issues/difficulties? Yes No If "yes" please fill out the housing questionnaire.

Emergency Contact #1

Emergency Contact's Full Name _____ Relationship to student _____

Home phone _____ Cell Phone _____ Work Phone _____

Okay to release student to their custody if we are unable to reach you? Yes No

Emergency Contact #2

Emergency Contact's Full Name _____ Relationship to student _____

Home phone _____ Cell Phone _____ Work Phone _____

Okay to release student to their custody if we are unable to reach you? Yes No

Over

Siblings (please list all siblings school aged):

Name _____	Grade _____
Name _____	Grade _____
Name _____	Grade _____
Name _____	Grade _____

Emergency Treatment: I, the undersigned parent/guardian, give my consent for my student to be released to me or my spouse or the friend/relative I have so designated and/or to be taken by ambulance to the nearest hospital in case of emergency. I understand that **Climax Scotts Community Schools do not provide accident medical/dental coverage for students** for the injuries/illnesses occurring at school. I understand that I may voluntarily purchase a student accident insurance plan. **I further acknowledge that I am financially responsible** for medical, dental, ambulance, or other health care expenses or transportation of my child, which might occur because of an illness/injury. **Parent Initial** _____

Preferred Hospital _____ Allergies _____

Medications _____

Medical Concerns _____

Consent to receive over the counter medication: I give permission for my child to receive from the office, as directed with my note of instructions, over the counter (non-prescription) medication that I have provided. Yes ___ No ___
 Okay to be given to my child by the office: Tylenol (or substitute) Yes ___ No ___ Ibuprofen (or substitute) Yes ___ No ___
Parent Initial _____

Picture Release Consent: I give consent for my child's picture to be used in school/community publications as deemed appropriate by the school. Yes ___ No ___ (fill out form in office if NO) **Parent Initial** _____

Permission for Educational Travel: I give permission for my child to go on any trip which the school may sponsor for its groups/classes. Yes ___ No ___ **Parent Initial** _____

Permission for Technology Resources: I have read the technology code of ethics with my student and give permission for my child to use district technology resources. I also understand that we will be charged for any lost/broken/damaged devices assigned to my student. Yes ___ No ___ **Parent Initial** _____
 Do you currently have sufficient Wi-Fi access at home? Yes ___ No ___

Residency Verification: My child resides within the Climax-Scotts School District. Yes ___ No ___
 (If "no" above) I have filed a "Schools of Choice" form or Release letter to the Superintendent's Office Yes ___ No ___
Parent Initial _____

I affirm and attest that the above information that I, the parent/legal guardian, of _____, is true and accurate and that my child and I reside at the address I have provided.

Parent/Guardian Signature: _____ **Date:** _____

Office Use Only

Date Received: _____ By: _____ Locker Assignment: _____ Combo: _____
 Date Entered into System: _____ By: _____ Sports Physical on File: Y or N Physical dated: _____
 Parking Permit # _____



Home Language & Background Survey

Name of the Student: _____ Date of Birth: _____

Grade: _____

Part A: Home Language Survey (Required by State of Michigan)¹

Is your child's native tongue a language **other than English**?

Yes No What is that language? _____

Is the primary language used in your child's home or environment a language **other than English**?

Yes No What is that language? _____

Was the student born **outside the United States**?

Yes No If yes, where was the student born? _____

Part B: Race/Ethnicity (Optional)

Is your student Hispanic/Latino? (Choose only one)

No, not Hispanic/Latino

Yes, is Hispanic/Latino

What is the race of your student?

Mark the box or boxes that indicate the race that you consider your student:

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or Pacific Islander

White

Part C: Please list the name(s) and date(s) of birth of other children at home?

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Signature of Parent or Guardian

Date

¹ This information will be used by the district to determine the number of children who should be provided bilingual instruction according to Sections 380.1151 – 380.1158 of the School Code of 1976, Michigan's Bilingual Education Law.

CLIMAX-SCOTTS JR/SR HIGH SCHOOL

Consent for Disclosure of Personally Identifiable Information and Immunization Information to Local and State Health Departments

Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the student's name, Date of Birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before personally identifiable information and immunization information from your child's education records is disclosed to the health department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

I authorize Climax-Scotts Jr/Sr High School to release my child's immunization record and personally identifiable information to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.

Student's Name: _____ Date of Birth: __/__/__

Signature of Parent/Guardian
or Eligible Student: _____ Date: __/__/__

Printed Parent/Guardian Name: _____

FREQUENTLY ASKED QUESTIONS ABOUT SCHOOL MEALS AND SUMMER EBT

Dear Parent/Guardian:

Children need healthy meals to learn. **Climax-Scotts Communtiy School** offers healthy meals every school day. Breakfast costs **\$2.00**; lunch costs **\$3.00**. **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, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED-PRICE MEALS?

- All children in households receiving benefits from the **Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR)** are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced-price meals if your household's income is within the limits of 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.

FEDERAL INCOME ELIGIBILITY CHART for School Year 2023-2024

Household Size	Annually	Monthly	Weekly
1	26,973	2,248	519
2	36,482	3,041	702
3	45,991	3,833	885
4	55,500	4,625	1,068
5	65,009	5,418	1,251
6	74,518	6,210	1,434
7	84,027	7,003	1,616
8	93,536	7,795	1,799
Each additional person:	9,509	793	183

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 or e-mail Lisa Tuinstra, lisa.tuinstra@cssschools.net.
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: Climax-Scotts Food Service. 372 S Main Street, Climax, MI. 49034 269-746-2308.
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you received carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Robin Peck Climax-Scotts Food Service, 372 S. Main Street, Climax, MI. 49034, (269) 746-2308, robin.peck@cssschools.net immediately.
5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the

same information as the paper application. Visit www.ClimaxScottsfamilyportal./cloud to begin or to learn more about the online application process. Contact Robin Peck Climax-Scotts Food Service, 372 S. Main Street, Climax, MI. 49034, (269) 746-2308, robin.peck@cssschools.net if you have any questions about the online application.

6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year, through **October, 10th 2023**. 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 CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced-price meals. Please send in 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: **Doug Newington, 372 S. Main Street., Climax, MI. 49034 (269) 746-2401.**
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.
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 occasionally. 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 Robin Peck Climax-Scotts Food Service, 372 S. Main Street, Climax, MI. 49034, (269) 746-2308, robin.peck@cssschools.net. 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 **Food Assistance Program (FAP)** or other assistance benefits, contact your local assistance office https://newmibridges.michigan.gov/s/isd-partnershiplanding?language=en_US. If you have other questions or need help, call **(269)746-2308**.

Sincerely, **ROBIN PECK, FOOD SERVICE DIRECTOR**

HOW TO APPLY FOR SCHOOL MEALS AND SUMMER EBT

Please use these instructions to help you fill out the School Meals and Summer EBT application. You only need to submit one application per household, even if your children attend more than one school in Climax-Scotts Community School. The application must be filled out completely to certify your children for school meals and summer EBT. Please follow these instructions in order. Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Climax-Scotts Community School; Robin Peck, 269-746-2308, robin.peck@csschools.net.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending Climax-Scotts Community School, regardless of age.

A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

B) Is the child a student at Climax-Scotts Community School? Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend Climax-Scotts Community School. If you marked 'Yes,' write the grade level of the student in the 'Grade' column to the right.

C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing **STEP 1**, go to **STEP 4**.

Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.

D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application. Homeless, Migrant, Runaway status must be confirmed with the appropriate program staff. If the school district cannot confirm your student's homeless, migrant, or runaway status, then the school district will contact you to complete an income-based application. You may choose to provide income information now to prevent the school district from potentially needing to contact you later

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP) or Food Assistance Program (FAP).
- Temporary Assistance for Needy Families (TANF) or Family Independence Program (FIP).
- The Food Distribution Program on Indian Reservations (FDPIR).

A) If no one in your household participates in any of the above listed programs:

- Leave **STEP 2** blank and go to **STEP 3**.

B) If anyone in your household participates in any of the above listed programs:

- Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact your MDHHS caseworker.
Go to **STEP 4**.

STEP 3: LIST ALL HOUSEHOLD MEMBERS AND INCOME FOR EACH MEMBER

How do I report my income?

- Use the charts titled "**Sources of Income for Adults**" and "**Sources of Income for Children**," printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received **before** taxes.
 - Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

3.A. REPORT INCOME EARNED BY CHILDREN

A) List all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

- **What is Child Income?** Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

3.B. REPORT INCOME EARNED BY ADULTS

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, *even if they are not related and even if they do not receive income of their own.*
- **Do NOT include:**
 - People who live with you but are not supported by your household's income AND do not contribute income to your household.
 - Infants, children, and students already listed in **STEP 1**.

B) List adult household members' names. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Include college students, unless they are declared independently on taxes (all college students are considered adults). Do not list any household members you listed in Step 1.

C) Report earnings from work. List all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income. Net income is your income after taxes and deductions have been subtracted.

- **What if I have multiple jobs?** List each job separately by entering your name and income from each job on a new line. Add an additional sheet of paper if necessary.
- **What if I am self-employed?** List income from your business as a net amount. This net amount is calculated by subtracting the total operating expenses of your business from its gross receipts (revenue). Gross receipts or revenue are all the income earned from the sale of any products or services offered.

D) List income from public assistance/child support/alimony. List all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. *Do not report the cash value of any public assistance benefits NOT listed on the chart.* If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

E) List income from pensions/retirement/all other income. List all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.

STEP 3: LIST ALL HOUSEHOLD MEMBERS AND INCOME FOR EACH MEMBER

F) List total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in **STEP 1** and **STEP 3**. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced-price meals.

G) Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no Social Security Number."

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

An adult member of the household must sign the application. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

A) Provide your contact information. Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced-price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) Print and sign your name and write today's date. Print the name of the adult signing the application and that person signs in the box "Signature of adult."

C) Mail Completed Form to: [Climax-Scotts Community School 372 South Main Street, Climax, MI. 49034](#)

Optional

Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced-price school meals. This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws, and your response will not affect consideration of your application and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.

Please return the application directly to your child's SCHOOL. DO NOT mail, fax, or email completed applications or questions about applications to the USDA Office of the Assistant Secretary for Civil Rights or your child's eligibility for free or reduced-price meals will be delayed.

2023-2024 School Meals and Summer EBT Application

Apply online:

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

STEP 1: List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Student?		School	Grade	Foster Child	Homeless Migrant, Runaway	
			Yes	No					
1) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.
2) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	
3) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	
4) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	
5) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	

STEP 2: Do any Household Members (including you) currently participate in: SNAP, TANF, or FDPIR?

If NO > Go to STEP 3. If 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: List ALL household members and income for each member (before taxes and deductions). Skip this step if you answered "YES" to STEP 2.

List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) 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.

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by ALL children listed in STEP 1 here.

Child Income	How Often? Please put an X										
\$ _____	<table border="0"> <tr> <td><u>Weekly</u></td> <td><u>Bi-Weekly</u></td> <td><u>2x Month</u></td> <td><u>Monthly</u></td> <td><u>Annual</u></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<u>Weekly</u>	<u>Bi-Weekly</u>	<u>2x Month</u>	<u>Monthly</u>	<u>Annual</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Weekly</u>	<u>Bi-Weekly</u>	<u>2x Month</u>	<u>Monthly</u>	<u>Annual</u>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

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 and deductions) 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.

PLEASE PRINT

Name of Adult Household Members (First and Last)	Earnings from Work	How often received?					Public Assistance/ Alimony/Child Support	How often received?					Pensions/Retirement/ All Other Income	How often received?				
		Weekly	Bi-Weekly	2x Month	Monthly	Annual		Weekly	Bi-Weekly	2x Month	Monthly	Annual		Weekly	Bi-Weekly	2x Month	Monthly	Annual
1) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

STEP 4: Contact information and adult signature. RETURN COMPLETED FORM TO:

"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 (confirm) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws".

Street Address (if available) _____	Apt # _____	City _____	State _____	Zip _____	Phone (Optional) _____	Email (Optional) _____
Printed Name of Adult Signing Form _____		Signature of Adult _____		Today's Date _____		

SOURCES AND EXAMPLES OF INCOME: for additional information in income, please refer to the instructions that accompany this application.

Sources of Child Income	Examples
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 Adult Income	Examples
Earnings from work	Salary, wages, cash bonuses / Net income from self-employment (farm or business) / -If you are in the US Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) -Allowances for off-base housing, food and clothing
Public Assistance / Alimony / Child Support	-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
Pensions / Retirement / All Other Income	-Social Security (including railroad retirement and black lung benefits) -Private pensions or disability benefits -Annuities -Regular income from trusts or estates -Investment income -Earned interest -Regular cash payments from outside household

OPTIONAL: Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

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 (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) 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

Use of Information Statement: The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number' Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination: In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at [USDA Program Discrimination Complaint Form](https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf) (https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA

(1) by: 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: (833) 256-1665 or (202) 690-7442; or
(3) email: program.intake@usda.gov.

***Do not mail applications to this address, only complaints of discrimination**

This institution is an equal opportunity provider.

DO NOT FILL OUT: For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ **Household Size:** _____ **Categorical Eligibility:** _____ **Eligibility:** _____
Weekly Bi-Weekly 2x Month Monthly Annual Free Reduced Denied

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

CÓMO SOLICITAR COMIDAS ESCOLARES GRATIS O A PRECIO REDUCIDO

Siga estas instrucciones para ayudarle a rellenar la solicitud de comidas gratis o a precio reducido. Solo tiene que presentar una solicitud por familia, incluso si sus niños asisten a más de un colegio de [Climax-Scotts Community School](#). La solicitud debe rellenarse por completo para garantizar a sus niños comidas gratis o a precio reducido. Siga estas instrucciones en orden. Cada paso de las instrucciones sigue el orden de los pasos de la solicitud. Si en algún momento no está seguro de qué hacer a continuación, póngase en contacto con Climax-Scotts Community Schools: Robin Peck 26-746-2308 robin.peck@cssschools.net

UTILICE UN BOLÍGRAFO (NO UN LÁPIZ) PARA RELLENAR LA SOLICITUD Y ESCRIBA LO MÁS CLARAMENTE POSIBLE.

PASO 1: ENUMERAR A TODOS LOS MIEMBROS DE LA FAMILIA QUE SEAN BEBÉS, NIÑOS Y ESTUDIANTES HASTA EL 12.º GRADO INCLUSIVE

Díganos cuántos bebés, niños y estudiantes de colegio hay en su familia. NO tienen que estar emparentados con usted para formar parte de su familia.

¿A quién debo enumerar aquí? Al rellenar esta sección, incluya a TODOS los miembros de su familia que sean:

- Niños de 18 años o menores, Y dependientes económicamente de los ingresos familiares;
- A su cuidado en régimen de acogida o que no tengan hogar, sean emigrantes o jóvenes fugados;
- Alumnos de [Climax-Scotts Community School](#) independientemente de su edad.

A) Enumerar el nombre de cada niño. Escriba el nombre de cada niño. Utilice una línea de la solicitud por niño. Al escribir los nombres, ponga una letra en cada cuadro. Pare si se queda sin espacio. Si hay más niños que líneas en la solicitud, adjunte una segunda hoja con toda la información requerida de los niños adicionales.

B) ¿El niño es alumno de [Climax-Scotts Community School](#)? Marque "Sí" o "No" en la columna titulada "Estudiante" para indicar que los niños asisten a [Climax-Scotts Community School](#). Si ha marcado "Sí", escriba el nivel de grado del estudiante en la columna "Grado" a la derecha.

C) ¿Tiene algún niño en régimen de acogida? Si alguno de los niños enumerado está en régimen de acogida, marque la casilla "Niño en régimen de acogida" junto al nombre del niño. Si SOLO realiza la solicitud para niños en régimen de acogida, después de terminar el **PASO 1**, vaya al **PASO 4**. Los niños en régimen de acogida que viven con usted cuentan como miembros de su familia y deben enumerarse en la solicitud. Si manda la solicitud tanto para niños en régimen de acogida como para niños que no estén bajo dicho régimen, vaya al paso 3.

D) ¿Alguno de los niños no tiene hogar, es emigrante o se ha fugado? Si cree que algunos de los niños que ha enumerado en esta sección encaja en esta descripción, marque la casilla "Sin hogar, emigrante, fugado" junto al nombre del niño y rellene todos los pasos de la solicitud.

PASO 2: ¿ALGÚN MIEMBRO DE LA FAMILIA PARTICIPA ACTUALMENTE EN SNAP, TANF, O FDPIR?

Si alguien de su familia (incluido usted) participa actualmente en uno o más de los programas de asistencia que se indican a continuación, sus niños puede solicitar comidas escolares gratis:

- Supplemental Nutrition Assistance Program (SNAP - Programa de asistencia de nutrición complementaria) o
- Temporary Assistance for Needy Families (TANF - Asistencia temporal para familias necesitadas) o
- Food Distribution Program on Indian Reservations (FDPIR - Programa de distribución de alimentos en reservas indias).

A) Si nadie de su familia participa en ninguno de los programas enumerados anteriormente:

- Deje el **PASO 2** en blanco y vaya al **PASO 3**.

B) Si alguien de su familia participa en alguno de los programas enumerados anteriormente:

- Escriba un número de expediente en SNAP, TANF o FDPIR. Solo tiene que proporcionar un número de expediente. Si participa en uno de estos programas y no sabe su número de expediente, póngase en contacto con:
- Vaya al **PASO 4**.

PASO 3: DECLARAR LOS INGRESOS DE TODOS MIEMBROS DE LA FAMILIA

¿Cómo declaro mis ingresos?

- Utilice las listas tituladas "**Fuentes de ingresos de adultos**" y "**Fuentes de ingresos de niños**", impresas en la parte de atrás de la solicitud para determinar si su familia tiene ingresos que declarar.
- Declare todas las cantidades SOLO EN INGRESOS BRUTOS. Declare todos los ingresos en dólares en números enteros. No incluya centavos.
 - Los ingresos brutos son los ingresos totales recibidos antes de impuestos

PASO 3: DECLARAR LOS INGRESOS DE TODOS MIEMBROS DE LA FAMILIA

- Mucha gente piensa en los ingresos como la cantidad que se "llevan a casa" y no el total, la cantidad "bruta". Asegúrese de que los ingresos que declara en esta solicitud NO se han reducido para pagar impuestos, primas de seguros o cualquier otra cantidad que se deduzca de su paga.
- Escriba un "0" en cualquier campo donde no haya ingresos que declarar. Cualquier campo de ingresos que quede vacío o en blanco también contará como cero. Si escribe "0" o deja algún campo en blanco, está certificando (prometiéndolo) que no hay ingresos que declarar. Si los funcionarios locales sospechan que sus ingresos familiares se han declarado incorrectamente, se investigará su solicitud.
- Marque con qué frecuencia recibe cada tipo de ingresos mediante las casillas a la derecha de cada campo.

3.A. DECLARAR LOS INGRESOS DE LOS NIÑOS

A) Declarar todos los ingresos ganados o recibidos de los niños. Declare los ingresos brutos combinados de TODOS los niños de su familia enumerados en el PASO 1 en la casilla marcada "Ingresos totales del niño". Solo cuente los ingresos de los niños en régimen de acogida si realiza la solicitud incluyéndolos con el resto de su familia.

¿Cuáles son los ingresos del niño? Los ingresos del niño son el dinero recibido fuera de su familia y pagado DIRECTAMENTE a sus niños. Muchas familias no tienen este tipo de ingresos.

3.B DECLARAR LOS INGRESOS DE LOS ADULTOS

¿A quién debo enumerar aquí?

- Al rellenar esta sección, incluya a TODOS los miembros adultos de su familia que vivan con usted y compartan ingresos y gastos, aunque no estén emparentados y aunque no reciban sus propios ingresos.
- **NO incluya a:**
 - Las personas que vivan con usted, pero que no dependan económicamente de los ingresos familiares NI contribuyan con sus ingresos a la familia.
 - Los niños y estudiantes ya enumerados en el **PASO 1.**

a) Enumerar los nombres de los miembros adultos de la familia. Escriba el nombre de cada miembro de la familia en las casillas marcadas "Nombres de los miembros adultos de la familia (nombre y apellido)". No incluya a ningún miembro de la familia enumerado en el PASO 1. Si alguno de los niños enumerado en el **PASO 1** tiene ingresos, siga las instrucciones del **PASO 3, parte A.**

b) Declarar los ingresos profesionales. Declare todo lo que gane en su actividad profesional en el campo de la solicitud "Ingresos profesionales". Normalmente, se trata del dinero recibido trabajando. Si es autónomo o posee una granja, tendrá que declarar sus ingresos netos.

¿Qué pasa si soy autónomo? Declare los ingresos netos de su trabajo. Esto se calcula restando los gastos operativos totales de su empresa de sus ingresos brutos.

c) Declarar los ingresos por ayuda pública/manutención infantil/pensión alimenticia. Declare todos los ingresos que correspondan en el campo de la solicitud "Ayuda pública/manutención infantil/pensión alimenticia". No declare el valor en efectivo de ninguna prestación de ayuda pública que NO aparezca en la lista. Si recibe ingresos de manutención infantil o pensión alimenticia, solo declare los pagos ordenados por el tribunal. Los pagos informales regulares deben declararse como "otros" en la siguiente parte.

d) Declarar ingresos por pensión/jubilación/otros. Declare todos los ingresos que correspondan en el campo de la solicitud "Pensión/jubilación/otros".

e) Declarar el tamaño total de la familia. Escriba el número total de miembros de la familia en el campo "Total de miembros de la familia (niños y adultos)". Este número DEBE ser igual al número de miembros de la familia enumerados en los **PASOS 1 y 3.** Si se hubiera olvidado de enumerar a algún miembro de su familia en la solicitud, vuelva atrás y añádale. Es muy importante enumerar a todos los miembros de la familia, ya que el tamaño de su familia afecta a su solicitud para recibir comidas gratis o a precio reducido.

f) Proporcionar los últimos cuatro dígitos de su número de la Seguridad Social. Hay que escribir los últimos cuatro dígitos de los números de la Seguridad Social en el espacio proporcionado de uno de los miembros adultos de la familia. Tiene derecho a solicitar prestaciones aunque no tenga número de la Seguridad Social. Si ningún adulto de la familia tiene número de la Seguridad Social, deje este espacio en blanco y marque la casilla de la derecha "Marcar si no tiene n.º de SS".

PASO 4: INFORMACIÓN DE CONTACTO Y FIRMA DE UN ADULTO

Todas las solicitudes deberán ser firmadas por un miembro adulto de la familia. Al firmar la solicitud, ese miembro de la familia promete que toda la información declarada es veraz y completa. Antes de finalizar esta sección, asegúrese también de haber leído la declaración de privacidad y derechos civiles en la parte posterior de la solicitud.

PASO 4: INFORMACIÓN DE CONTACTO Y FIRMA DE UN ADULTO

A) Proporcionar su información de contacto. Escriba su dirección actual en los campos facilitados si esta información está disponible. Si no tiene dirección permanente, sus niños siguen teniendo derecho a solicitar comidas escolares gratis o a precio reducido. Compartir un número de teléfono, dirección de correo electrónico o ambos es opcional, pero nos ayuda a ponernos en contacto con usted rápidamente si fuera preciso.

B) Escribir su nombre y firmar. Escriba el nombre del adulto que va a firmar la solicitud, dicha persona firmará en el cuadro "Firma del adulto".

C) Escribir la fecha de hoy. En el espacio asignado, escriba la fecha de hoy en el cuadro.

D) Compartir la identidad étnica y racial de los niños (opcional). En la parte posterior de la solicitud, le pedimos que comparta información acerca de la raza de sus niños y su origen étnico. Este campo es opcional y sus niños seguirán teniendo derecho a solicitar comidas escolares gratis o a precio reducido.

PREGUNTAS FRECUENTES ACERCA DE LAS COMIDAS ESCOLARES GRATIS O A PRECIO REDUCIDO

Estimado/a padre/madre o tutor/a:

Los niños necesitan comidas saludables para aprender. Climax-Scotts Community School ofrece comidas saludables todos los días escolares. El desayuno cuesta **\$2.00** y el almuerzo **3.00\$**. **Sus niños podrían tener derecho a solicitar comidas gratis o a precio reducido.** El precio reducido es **\$.30** el desayuno y **\$.40** la comida. Este paquete incluye una solicitud para comidas gratis o a precio reducido, e instrucciones detalladas. A continuación, algunas preguntas y respuestas comunes para ayudarle con el proceso de solicitud.

1. ¿QUIÉN PUEDE RECIBIR COMIDAS GRATIS O A PRECIO REDUCIDO?

- Todos los niños de familias que reciben prestaciones de **[State SNAP], [the Food Distribution Program on Indian Reservations (FDPIR)]** o **[State TANF]** tienen derecho a comidas gratis.
- Los niños en régimen de acogida bajo la responsabilidad legal de una agencia de acogida o tribunal tienen derecho a recibir comidas gratis.
- Los niños que participan en el programa Head Start de su colegio tienen derecho a recibir comidas gratis.
- Los niños que encajan en la definición de personas sin hogar, fugados o emigrantes tienen derecho a recibir comidas gratis.
- Los niños pueden recibir comidas gratis o a precio reducido si los ingresos familiares están dentro de los límites de Federal Income Eligibility Guidelines (Guía federal de selección por ingresos). Sus hijos pueden tener derecho a comidas gratis o a precio reducido si sus ingresos familiares están dentro o por debajo de los límites de esta lista.

LISTA FEDERAL DE SELECCIÓN POR INGRESOS del año escolar 2023-2024			
Tamaño de la familia	Anuales	Mensuales	Semanales
1	26,973	2,248	519
2	36,482	3,041	702
3	45,991	3,833	885
4	55,500	4,625	1,068
5	65,009	5,418	1,251
6	74,518	6,210	1,434
7	84,027	7,003	1,616
8	93,536	7,795	1,799
Cada persona adicional:	9,509	793	183

2. ¿CÓMO SÉ SI MIS NIÑOS ENCAJAN EN LA DEFINICIÓN DE SIN HOGAR, EMIGRANTE O FUGADO? ¿Los miembros de su familia no tienen una dirección permanente? ¿Se alojan todos en un refugio, hotel u otro alojamiento temporal? ¿Su familia se traslada de forma estacional? ¿Alguno de los niños que viven con usted decidió dejar su familia anterior? Si cree que los niños de su familia encajan en estas descripciones y no le han informado de que recibirán comidas gratis, llame o envíe un correo electrónico a Lisa Tuinstra, lisa.tuinstra@csschools.net.
3. ¿ES NECESARIO RELLENAR UNA SOLICITUD POR CADA NIÑO? No. *Rellene una solicitud para comidas escolares gratis o a precio reducido para todos los estudiantes de su familia.* No podemos aprobar una solicitud que no esté completa, así que asegúrese de incluir toda la información requerida. Devuelva la solicitud rellena a: Climax-Scotts Food Service. 372 S Main Street, Climax, MI. 49034 269-746-2308.
4. ¿DEBO RELLENAR UNA SOLICITUD SI HE RECIBIDO UNA CARTA ESTE AÑO ESCOLAR DICIENDO QUE HAN APROBADO QUE MIS NIÑOS RECIBAN COMIDAS GRATIS? No, pero lea la carta que ha recibido y siga las instrucciones. Si faltara algún niño de su hogar en la notificación de selección, póngase en contacto con

Contact Robin Peck Climax-Scotts Food Service, 372 S. Main Street, Climax, MI. 49034, (269) 746-2308, robin.peck@cssschools.net inmediatamente.

5. ¿PUEDO REALIZAR LA SOLICITUD EN LÍNEA? Sí. Le animamos a rellenar una solicitud en línea en lugar de una en papel si puede. La solicitud en línea tiene los mismos requisitos y le pedirá la misma información que la de papel. Visite www.climaxscotts.familyportal.cloud/ para empezar o PARA saber más sobre el proceso de solicitud en línea. Póngase en contacto con Robin Peck Climax-Scotts Food Service, 372 S. Main Street, Climax, MI. 49034, (269) 746-2308, robin.peck@cssschools.net si tiene alguna pregunta sobre la solicitud en línea.
6. LA SOLICITUD DE MI NIÑO FUE APROBADA EL AÑO PASADO. ¿TENGO QUE RELLENAR UNA NUEVA? Sí. La solicitud de su niño solo es válida para ese año escolar y los primeros días de este año escolar hasta **October 10th 2023**. Debe enviar una nueva solicitud, a menos que el colegio le haya dicho que su niño tiene derecho este nuevo año escolar. Si no envía una nueva solicitud aprobada por el colegio o no se le ha notificado que su niño tiene derecho a recibir comidas gratis, se le cobrará el precio completo de la comida. **PARTIPO EN WIC.** ¿PUEDEN MIS NIÑOS RECIBIR COMIDAS GRATIS? Los niños de familias que participan en WIC pueden recibir comidas gratis o a precio reducido. Envíe una solicitud.
7. ¿SE COMPROBARÁ LA INFORMACIÓN QUE PROPORCIONE? Sí. También podemos pedirle que envíe prueba escrita de los ingresos familiares que ha declarado.
8. SI AHORA NO CUMPLO LOS REQUISITOS DE SELECCIÓN, ¿PUEDO VOLVER A ENVIAR LA SOLICITUD MÁS ADELANTE? Sí, puede enviar la solicitar en cualquier momento durante el año escolar. Por ejemplo, los niños con un padre o tutor que se quede sin empleo pueden tener derecho entonces a recibir comidas gratis o a precio reducido si los ingresos familiares son inferiores al límite de ingresos.
9. ¿QUÉ PASA SI NO ESTOY DE ACUERDO CON LA DECISIÓN DEL COLEGIO SOBRE MI SOLICITUD? Debe hablar con los funcionarios del colegio. También podría solicitar una audiencia ya sea llamando o escribiendo a: **Doug Newington, 372 S. Main Street., Climax, MI. 49034 (269) 746-2401.**
10. ¿PUEDO ENVIAR LA SOLICITUD AUNQUE ALGUIEN DE MI FAMILIA NO SEA CIUDADANO ESTADOUNIDENSE? Sí. Usted, sus niños u otros miembros de la familia no tienen que ser ciudadanos estadounidenses para solicitar comidas gratis o a precio reducido.
11. ¿QUÉ PASA SI MIS INGRESOS NO SON SIEMPRE IGUALES? Indique la cantidad que recibe normalmente. Por ejemplo, si normalmente recibe 1000 \$ al mes, pero no trabajó unos días el mes pasado y solo recibió 900 \$, indique que recibe 1000 \$ por mes. Si normalmente hace horas extras, inclúyalas, pero no las incluya si solo las hace de manera esporádica. Si ha perdido un trabajo o han reducido sus horas o salario, indique sus ingresos actuales.
12. ¿QUÉ PASA SI ALGUNOS DE LOS MIEMBROS DE LA FAMILIA NO TIENE INGRESOS QUE DECLARAR? Los miembros de la familia pueden no recibir algunos de los tipos de ingresos que pedimos que declare en la solicitud, o puede que no reciban ingreso alguno. Cuando esto suceda, escriba un 0 en el campo. Sin embargo, si un campo de ingresos queda vacío o en blanco, también contará como cero. Fíjese bien cuando deje campos de ingresos en blanco porque supondremos que lo ha hecho con conocimiento de causa.
13. ESTAMOS EN EL EJÉRCITO. ¿TENEMOS QUE DECLARAR NUESTROS INGRESOS DE OTR FORMA? Su salario básico y bonos en efectivo deben declararse como ingresos. Si recibe prestaciones de valor en efectivo por vivir fuera de la base, alimentación o ropa, también se debe incluir como ingresos. Sin embargo, si su vivienda forma parte de Military Housing Privatization Initiative (Iniciativa de privatización de la vivienda militar), no incluya el subsidio para vivienda como ingresos. Cualquier pago de combate adicional resultante por despliegue también se excluye de los ingresos.
14. ¿QUÉ PASA SI NO HAY SUFICIENTE ESPACIO EN LA SOLICITUD PARA MI FAMILIA? Enumere a los miembros adicionales de la familia en una hoja de papel separada y adjúntela en su solicitud. Póngase en contacto con . Contact Robin Peck Climax-Scotts Food Service, 372 S. Main Street, Climax, MI. 49034, (269) 746-2308, robin.peck@cssschools.net. para recibir una segunda solicitud.
15. MI FAMILIA NECESITA MÁS AYUDA. ¿HAY OTROS PROGRAMAS QUE PODAMOS SOLICITAR? Para averiguar cómo solicitar u otras prestaciones de ayuda, póngase en contacto con su oficina local de ayuda o llame al https://newmibridges.michigan.gov/s/isd-partnershiplanding?language=en_US. Si tiene otras preguntas o necesita ayuda, llame al **(269)746-2308**.

Atentamente, Robin **Peck**, **Food Service Director**

Prototipo de solicitud para familias de comidas escolares gratis o a precio reducido para el año 2017-2018

Realice la solicitud en línea en:

Complete una solicitud por vivienda. Utilice un bolígrafo (no un lápiz).

PASO 1 Enumerar a TODOS los miembros de la vivienda que sean bebés, niños y estudiantes hasta el grado 12, inclusivo (si se requieren más espacios para nombres adicionales, adjunte otra hoja de papel)

<p>Definición de miembro de la vivienda: "Cualquier persona que viva con usted y comparta ingresos y gastos, aunque no estén emparentados".</p> <p>Los niños en régimen de acogida y los que encajan en la definición de personas sin hogar, migrantes o fugados tienen derecho a recibir comidas gratis. Lea Cómo solicitar comidas escolares gratis o a precio reducido para obtener más información.</p>	Nombre del niño		Inicial del segundo nombre	Apellido del niño		Grado	¿Estudiante? Sí No		Niño en régimen de acogida	Sin hogar, migrante, fugado			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PASO 2 ¿Algún miembro de su vivienda (incluido usted) participa actualmente en uno o más de los siguientes programas de ayuda: SNAP, TANF o FDPIR?

En caso **NEGATIVO** > Vaya al PASO 3 En caso **AFIRMATIVO** > Escriba aquí un número de expediente y vaya al PASO 4 (No rellene el PASO 3)

Número de expediente:

Escriba solo un número de expediente en este espacio.

PASO 3 Declarar los ingresos de TODOS miembros de la vivienda (Omita este paso si su respuesta es "Sí" en el PASO 2)

¿No está seguro de qué ingresos incluir aquí?

Dele la vuelta a la página y consulte las listas tituladas "Fuentes de ingresos" para obtener más información.

La lista "Fuentes de ingresos de niños" le ayudará en la sección Ingresos del niño.

La lista "Fuentes de ingresos de adultos" le ayudará en la sección Todos los miembros adultos de la vivienda.

A. Ingresos del niño
A veces, los niños de la vivienda tienen ingresos. Incluya los ingresos **TOTALES** obtenidos por todos los miembros de la vivienda enumerados en el PASO 1 aquí.

Ingresos del niño	¿Con qué frecuencia?			
	Semanales	Quincenales	Bimensuales	Mensuales
\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. Todos los adultos miembros de la vivienda (incluido usted)
Enumere a todos los miembros de la vivienda que no aparezcan en el PASO 1 (incluido usted), aunque no reciban ingresos. Por cada miembro de la vivienda enumerado, si reciben ingresos, declare el ingreso total bruto (antes de impuestos) por cada fuente en dólares en números enteros (sin centavos) solamente. Si no reciben ingresos de ninguna fuente, escriba '0'. Si escribe "0" o deja algún campo en blanco, está certificando (prometiendo) que no hay ingresos que declarar.

Nombres de los miembros adultos de la vivienda (nombre y apellido)	Ingresos profesionales	¿Con qué frecuencia?				Ayuda pública/ manutención infantil / pensión alimenticia	¿Con qué frecuencia?				Pensión/jubilación/ otros	¿Con qué frecuencia?			
		Semanales	Quincenales	Bimensuales	Mensuales		Semanales	Quincenales	Bimensuales	Mensuales		Semanales	Quincenales	Bimensuales	Mensuales
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total de miembros de la vivienda (Niños y adultos)

Últimos cuatro dígitos del número de la Seguridad Social (SSN - Social Security Number) del sustento principal u otro miembro adulto de la vivienda

Marque si no tiene SSN

PASO 4 Información de contacto y firma de un adulto. ENTREGUE O ENVIE LA SOLICITUD A LA ESCUELA.

"Certifico (prometo) que toda la información de esta solicitud es veraz y que he declarado todos los ingresos. Entiendo que esta información se da para obtener fondos federales, y que las autoridades escolares pueden verificar (comprobar) la información. Soy consciente de que si he dado información falsa con conocimiento de causa, mis niños pueden perder la prestación de alimentación y se me podría procesar con arreglo a las leyes federales y estatales pertinentes".

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dirección (si está disponible)	Apartamento n.º	Ciudad	Estado	Código postal
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nombre del adulto que firma el formulario	Firma del adulto	Teléfono durante el día y correo electrónico (opcional)		Fecha de hoy

INSTRUCCIONES

Fuentes de ingresos

Fuente de ingresos de niños	
Fuentes de ingreso del niño	Ejemplo(s)
- Ingresos profesionales	- Un niño tiene un trabajo fijo a tiempo completo o parcial en el que gana un sueldo o salario
- Seguridad Social - Pagos por discapacidad - Beneficios al sobreviviente	- Un niño es ciego o discapacitado y recibe prestaciones de la Seguridad Social - Uno de los padres es discapacitado, está jubilado o ha fallecido, y su niño recibe prestaciones de la Seguridad Social
- Ingresos de una persona ajena a la vivienda	- Un amigo u otro familiar da regularmente dinero al niño
- Ingresos de cualquier otra fuente	- Un niño recibe ingresos regulares de un fondo de pensiones privado, anualidad o fideicomiso

Fuente de ingresos de adultos		
Ingresos profesionales	Ayuda pública / pensión alimenticia / manutención infantil	Pensión / jubilación / otros
- Sueldo, salario, bonos en efectivo - Ingresos netos como autónomo (granja o negocio propio) Si está en el Ejército de Estados Unidos: - Sueldo básico y bonos en efectivo (NO incluya el pago de combate, FSSA o subsidios de vivienda privatizados) - Subsidios por vivienda fuera de la base, alimentación y ropa	- Prestación por desempleo - Indemnización laboral - Ingresos de seguridad suplementarios (SSI - Supplemental Security Income) - Ayuda económica del estado o gobierno local - Pagos de pensión alimenticia - Pagos de manutención infantil - Prestaciones para los veteranos - Prestación por huelga	- Seguridad Social (incluidas las prestaciones de jubilación de empleados ferroviarios y por neumoconiosis) - Pensiones privadas o prestación por discapacidad - Ingresos regulares de fideicomisos o bienes inmuebles - Anualidades - Ingresos de inversión - Intereses ganados - Ingresos de alquiler - Pagos regulares en efectivo ajenos a la vivienda

OPCIONAL

Identidad étnica y racial de los niños

Estamos obligados a solicitar información sobre la raza de sus niños y su origen étnico. Esta información es importante y ayuda a garantizar que servimos completamente a nuestra comunidad. Responder a esta sección es opcional y sus niños seguirán teniendo derecho a solicitar comidas escolares gratis o a precio reducido.

Grupo étnico (marque uno): Hispano o latino No hispano o latino

Raza (marque una o más): Indio americano o nativo de Alaska Asiático Negro o afroamericano Nativo de Hawái u otra isla del Pacífico Blanco

La **ley Nacional de Comidas Escolares Richard B. Russell** requiere esta información en esta solicitud. No está obligado a dar esta información, pero si no lo hace, no podemos autorizar que sus niños reciban comidas gratis o a precio reducido. Debe incluir los últimos cuatro dígitos del número de la Seguridad Social del miembro adulto de la vivienda que firma la solicitud. No son obligatorios los últimos cuatro dígitos del número de la Seguridad Social cuando realiza la solicitud en nombre de un niño en régimen de acogida o si proporciona un número de expediente de Supplemental Nutrition Assistance Program (SNAP - Programa de asistencia de nutrición complementaria), Temporary Assistance for Needy Families (TANF - Asistencia temporal para familias necesitadas) Program or Food Distribution Program on Indian Reservations (FDPIR - Programa de distribución de alimentos en reservas indias) u otro identificador FDPIR de su niño, o cuando indica que el miembro adulto de la vivienda que firma la solicitud no tiene un número de la Seguridad Social. Usaremos su información para determinar si su niño tiene derecho a recibir comidas gratis o a precio reducido, y la administración y ejecución de los programas de comida y desayuno. PODEMOS compartir esta información con los programas de educación, salud y nutrición para ayudarlos a evaluar, financiar o determinar las prestaciones de sus programas, auditores para revisar los programas, y agentes del orden público para ayudarlos a investigar violaciones de las normas del programa.

De acuerdo con la ley federal de derechos civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de EE. UU. (USDA - U.S. Department of Agriculture), el USDA, sus organismos, oficinas y empleados, y las instituciones que participan o administran los programas del USDA tienen prohibido discriminar por motivos de raza, color, origen étnico, sexo, discapacidad, edad o tomar represalias o venganza por actividades anteriores a los derechos civiles en cualquier programa o actividad llevada a cabo o financiado por el USDA.

Las personas con discapacidad que requieran medios alternativos de comunicación para informarse del programa (por ejemplo, braille, letra grande, cinta de audio, lengua americana de signos, etc.) deben ponerse en contacto con el organismo (estatal o local) donde solicitaron sus prestaciones. Las personas sordas o con problemas de audición o deficiencias en el habla pueden ponerse en contacto con el USDA a través del Federal Relay Service (servicio federal de transmisiones) en el (800) 877-8339. Además, puede encontrar información del programa en otros idiomas además del inglés.

Para presentar una queja por discriminación contra el programa, rellene el formulario de quejas por discriminación contra el programa de USDA, (USDA Program Discrimination Complaint Form - AD-3027) disponible en línea en: http://www.ascr.usda.gov/complaint_filing_cust.html, y en cualquier oficina del USDA, o escriba una carta dirigida al USDA con toda la información solicitada en el formulario. Para solicitar una copia del formulario de queja, llame al (866) 632-9992. Envíe el formulario relleno o carta al USDA por:

correo: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

fax: (202) 690-7442; o

correo electrónico: program.intake@usda.gov.

Esta institución aplica el principio de igualdad de oportunidades.

***Solo use esta dirección si está presentando una queja por discriminación**

No rellenar

Para uso exclusivo del colegio

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

Total Income

How often? Weekly Bi-Weekly 2x Month Monthly

Household size

Categorical Eligibility

Eligibility: Free Reduced Denied

Determining Official's Signature Date

Confirming Official's Signature Date

Verifying Official's Signature Date



Climax-Scotts Community Schools

HOUSING INFORMATION FORM

Climax-Scotts Community Schools want to make sure that your child receives the best possible education. The information from this form will help to find out if your student is able to receive benefits under the federal McKinney Vento Act, a law that helps students who are temporarily displaced from their home for certain reasons. PLEASE PRINT VERY CLEARLY, COMPLETE ONE PER FAMILY, and return the survey to your student's school. Students/Families/Caregivers MUST CONTACT McKinney Vento Coordinator for needed services.

Section 1: Your housing is fixed, regular, and adequate

- Rent/Own your home
- Live with someone (not due to financial hardship)
- Live in foster care placement



If you checked one of these boxes please do NOT complete this form

Section 2: Your Housing is NOT Fixed, Regular, and Adequate

Are you living in any of these situations?

- An emergency transitional shelter.
- Temporarily with another family due to loss of housing, economic hardship, or similar reason
- A vehicle of any kind, trailer park or campground, abandoned building, or other substandard housing
- A hotel/motel due to loss of housing, economic hardship, or similar reason

Reason for temporary residence:

<input type="checkbox"/>	Foreclosure	<input type="checkbox"/>	Eviction	<input type="checkbox"/>	Unemployment
<input type="checkbox"/>	Fire	<input type="checkbox"/>	Tornado	<input type="checkbox"/>	Earthquake
<input type="checkbox"/>	Flooding	<input type="checkbox"/>	Man Made Disaster	<input type="checkbox"/>	Other: _____

Section 3: Print Current Address and Contact Information

Parent/Legal Guardian Name: _____

Street Address or Location of Housing: _____

Telephone Number: _____ Email: _____

Section 4: Student Information

Print the names of ALL school-aged AND preschool-aged (3 & 4 year old) children in your family

Name	D.O.B.	F/M	Grade	School	Bus**

**Be sure to mark if the student will need transportation to/from School of Origin

Section 5: Unaccompanied Youth Must Complete This Section

- Student is living alone without an adult-sign Section 6 below
- Student is living with an adult that is NOT a parent/legal guardian-Fill out the following:

Caregiver Name: _____

Phone: _____ Email: _____

Housing and Educational Rights

Students without fixed, regular, and adequate nighttime residences have the following rights:

- 1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
- 2) Transportation to the school of origin for the regular school day;
- 3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento liaison at (269) 746-2311 or the State Coordinator at (517) 373-6066.

By signing below, I acknowledge that I have received and understand the above rights.

Signature of Parent/Guardian/Unattached Youth

Date

Signature of McKinney-Vento Liaison

Date



CLIMAX-SCOTTS COMMUNITY SCHOOLS
SCHOOLS OF CHOICE (105 & 105c) APPLICATION

Student's Name: _____ Date of Birth _____

Grade Applying For: _____ Last Grade Completed: _____ Are Special Education Services Required: [] Yes [] No

Parent(s)/Guardian: _____

Address: _____ City / Zip: _____

Home Phone: _____ Cell Phone: _____

Previous School District (Last two years): _____

Resident School District (If different from above): _____

Has this student been suspended or expelled from school within the past two years? [] Yes [] No

If yes, please state reason: _____

Are there sibling(s) that will also be attending Climax-Scotts Community Schools? [] Yes [] No

Name Date of Birth Last Grade Completed Grade Applying For
Are Special Education Services Required: [] Yes [] No

Name Date of Birth Last Grade Completed Grade Applying For
Are Special Education Services Required: [] Yes [] No

Does the student(s) have relatives currently living in the Climax-Scotts Community School District? [] Yes [] No

If yes, please list name/address below:

Name Address City/Zip

Name Address City/Zip

Please provide a copy of a Birth Certificate and an up-to-date Immunization Record for each student listed above.

*Special Note: The provisions of Section 105 have no effect on the Michigan High School Athletic Association (MHSAA) rules. Section 105 schools of choice pupils are considered nonresident pupils and, at MHSAA member high schools, are ineligible for interscholastic athletics for one full semester. REF: Section 105 schools of choice, 1996.

The signature below gives permission for records pertaining to the "applicant(s)" to be released to Climax-Scotts Community Schools. In addition, it indicates an understanding that transportation will be the responsibility of the student's parent(s)/legal guardian(s).

Parent(s)/Guardian(s) Signature

Date

For Office Use Only

Date Application Received: _____

Principal : _____ Approved [] Denied [] If denied, reason: _____

Superintendent/Pupil Accounting Manager: _____

Status: Approved [] Denied [] Parent/Guardian Notified _____

**CLIMAX-SCOTTS COMMUNITY SCHOOLS
SCHOOLS OF CHOICE (105 & 105c) APPLICATION**

AFFIRMATION OF PRIOR DISCIPLINE

All non-resident students requesting admittance to Climax-Scotts Community Schools must complete this form. A willful false statement on this affirmation will result in a report to the appropriate authorities.

Directions: Select the appropriate statement, list the student(s) name(s), sign and date.

- The undersigned affirms that the following student listed on this application **HAS NOT BEEN** suspended or expelled from any public or private school in Michigan or any other state.

Student Name: _____

Student Name: _____

Student Name: _____

- The undersigned affirms that the following student listed on this application **HAS BEEN** suspended or expelled from a public or private school in Michigan or any other state.

Student Name: _____

Student Name: _____

Student Name: _____

If you indicated that, any student listed has been suspended or expelled, please explain the circumstances in detail. Include the school name, dates of suspension or expulsion and a description of the incident resulting in the suspension or expulsion.

Printed Name of Parent(s)/Guardian(s): _____

Signature of Parent(s)/Guardian(s): _____

Date: _____



Over-The-Counter (OTC) Medication Authorization Form

Student Name: _____ Date of Birth _____ Grade _____

Medication Allergies: No ___ Yes ___ If yes, give name of medication(s): _____

Medications students may take while at school will be provided by parents/guardians. **All medications brought to campus must be checked in with the school office and listed on this form.** Medications may be added or deleted from this authorization form at any time during the school year by contacting the office. With parental consent, the following types of OTC medications may be made available to your child when needed.

Please check "yes" to authorize school staff to give your child the following medications while on campus. OTC medications are dispensed per package directions unless written directives are provided by a physician.

Over-the-counter medication dispensed <i>per package</i> directions	Indications	Yes
Acetaminophen (Tylenol) or generic	Pain reliever/fever reducer	
Calcium Carbonate (Tums)	Stomach Pain	
Ibuprofen (Advil) or generic	Pain reliever/fever reducer	

Please add any other OTC medications you expect to provide for your child. Do not list prescription medications in this location. An authorization form from a physician is required for prescriptions.

Over-the-counter medication dispensed <i>per package</i> directions	Indications	Yes

I give permission for medication(s) listed above to be given to my child for self-administration at the office's discretion or dispensed by designated personnel as delegated by the office.

Parent Signature _____

Date _____



Climax-Scotts Community Schools

Where Students Are More Than A Test Score!

Medication/Reason	Dose	Date & Time	Supply	Office Signature

OFFICE USE ONLY: List all medications in student's personal OTC supply kept in the school office.

Date	Medication	Date	Medication



Permission Form for Prescribed Medication

Student's Name _____ Date Of Birth _____

Grade _____ Date form received by the school _____

TO BE COMPLETED BY THE PHYSICIAN OR AUTHORIZED PRESCRIBER

Name of Medication: _____

Reason for medication (OPTIONAL): _____

Form of Medication/Treatment:

____ Tablet/Capsule ____ Liquid ____ Inhaler ____ Injection ____ Nebulizer ____ Other

Instructions (time and dose to be given at school) _____

For Episodic/Emergency events only:

Restrictions and /or important side effects: ____ None ____ Yes, Please Describe Below

Special storage requirements: ____ None ____ Refrigerate ____ Other, Please Describe Below

Physician's Name _____ Signature _____

Address _____ Phone Number _____

TO BE COMPLETED BY PARENT/GUARDIAN

I request that (student's name) _____ receive the above medication at school according to standard school policy.

Signature _____ Relationship _____ Date _____

If medication is not picked up at the end of the school year, it will be discarded.



CLIMAX-SCOTTS TECHNOLOGY RESOURCES – SIGN AND RETURN THIS SHEET

I hereby release the District, its personnel, and any institutions with which it is affiliated, from all claims and damages of any nature arising out of my use of, or inability to use the Technology Resources, including, but not limited to claims that may arise from unauthorized use of the system.

I have carefully read and fully understand the terms and conditions of this agreement. I agree to follow the terms and conditions of this agreement. I understand that if I violate any of the terms and conditions of this agreement my account can be terminated, and I may face other disciplinary measures.

I further understand that I am responsible for any financial obligations arising from my unauthorized use of the Technology Resources to purchase products or services.

I hereby give consent to the District for the interception of my electronic communications as it deems necessary for compliance with this agreement and any applicable laws.

STUDENT SIGNATURE

Student 1st Name (Print)

M.I. Last Name

Grade

Student Signature

Date

PARENT/GUARDIAN SIGNATURE

I have read this Agreement and agree that as a condition of my child's use of the Technology Resources, I release the District and its board members, agents, and employees, including its Internet Service Provider, from all liability related to my child's use or inability to use the Technology Resources. I also indemnify the District and its board members, agents, and employees, including its Internet Service Provider, for any fees, expenses, or damages incurred because of my child's use, or misuse, of the District's Technology Resources.

I understand and agree that I am fully responsible for any financial obligations arising from my child's use or unauthorized use of the Districts Technology Services to purchase products or services as well as any damage to the devices.

I authorize the District to consent to the sharing of information about my child to website operators as necessary to enable my child to participate in any program, course, or assignment requiring such consent under the Children's Online Privacy Protection Act.

I understand that data my child sends or receives over the Technology Resources is not private. I consent to having the District monitor and inspect my child's use of the Technology Resources, including any electronic communications that my child sends or receives through the Technology Resources.

I understand it is impossible to restrict my child's access to all potentially controversial materials. I agree not to hold the District responsible for any information or materials acquired by my child through the Districts' Technology.

I understand and agree that my child will not be able to use the District's Technology Resources until this Agreement has been signed by both my child and me.

I have read this Agreement and agree to its terms and conditions.

Do you currently have sufficient Wi-Fi access at home?

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date

School Use Only

Device Serial # _____ CSS Tag # _____ Date Given _____ By _____
Charger # _____

CLIMAX-SCOTTS JR./SR. HIGH SCHOOL ATHLETIC PARTICIPATION FEE

- FEE:** \$150 per high school student, \$100 per junior high student per year.
One time fee good for all sports for the **2023-2024** school year.
- WHO:** All students at Climax-Scotts Jr./Sr. High who participate in athletics.
- WHY:** To help off set the cost of uniforms, equipment, and officials needed to compete.
- WHEN:** For all sports, payment is due prior to the first competition.
- HOW:** Make checks payable to **Climax-Scotts Athletics**. Please bring this form and payment to the Jr./Sr. High School before the 1st competition date.
- LIMITS:** There is a \$300 limit per family.
- REFUNDS:** Refunds are given **ONLY** in the following cases:
1. Student quits prior to the first competition.
2. Student withdraws from school prior to the first competition.

SPONSORSHIP:

Please contact the Athletic Department at 269-746-2300 or mark the box below if you are unable to afford the assessment fee and they will match your student up with a sponsor.

PAYMENT OF FEES DOES NOT GUARANTEE PLAYING TIME.

PLEASE PRINT ALL INFORMATION

Student Name(s): _____ Grade: _____

_____ Grade: _____

Parent/Guardian Name(s) _____ Phone: _____

Address _____

_____ Sponsorship Needed _____ Paid _____ Check #

My child(ren) plan to participate in the following activities:

- _____ Baseball _____ Basketball* _____ Cross Country* _____ Golf
_____ Football* _____ Volleyball* _____ Wrestling* _____ Softball
_____ Track* _____ Sideline Cheer

*Indicates Junior High Offered Sport

NEW STUDENT FORM **2023-24** – For students who change schools after starting 9th grade

YES NO I AM INTERESTED IN PARTICIPATING IN ATHLETICS

To be completed by new students, parents, and former school. This form is intended to assist schools in compiling information to determine eligibility under MHSAA Regulations. Provide copies in new student packets and as soon as possible, the form should be submitted to the athletic director for evaluation. The AD may then contact the MHSAA for assistance. Consult Int. 65 and 77 or the Residential Change Check List on MHSAA.com (Schools → Parents → Regulations Summary) to assist in determining if residential changes are full and complete. **Int. 37 states two current and complete documents are prerequisites for participation: Physical Exam/Consent Form or Health Questionnaire/Consent Form and official school record (transcript) since first enrolling in the 9th grade of any school.**

SECTION COMPLETED BY SCHOOL & STUDENT – CHECK TRANSCRIPT	- Official enrollment date (in school records & attending one or more classes) →	
	- Number of classes for which credit has been given in the previous academic term →	
	- Number of potential classes for a full-time student in the previous high school →	
	- Number of semesters and/or trimesters in grades 9-12 COMPLETED to date →	
	- In what school year did the student END the 8th grade (and BEGIN grade 9th) →	
	- Has the student REPEATED any grades 9-12? →	

STUDENT'S NAME _____ GRADE _____ BIRTHDATE ____/____/____

PHONE (____) _____ EMAIL _____

CURRENT (NEW) ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE OF RESIDENCE CHANGE INTO CURRENT (NEW) ADDRESS _____

CURRENT (NEW) PUBLIC SCHOOL DISTRICT IN WHICH YOU RESIDE _____

NEW ADDRESS IS IN A DIFFERENT PUBLIC SCHOOL DISTRICT (OR ATTENDANCE AREA OF A MULTI-HIGH-SCHOOL DISTRICT) Y N

OLD HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

FORMER RESIDENCE (CHECK ALL THAT APPLY) VACANT SOLD RENTED ALL BELONGINGS MOVED? Y N

FORMER PUBLIC SCHOOL DISTRICT OF RESIDENCE _____

PARENT(S) OR GUARDIAN(S) _____ PHONE: (____) _____

1. The last school the student attended _____

2. While enrolled at the former school, the student lived with _____
(List ALL people & their relationship to the student - parents, siblings, or others)

YES NO The student lived with the above for at least 30 days during the most recent previous academic term.

3. The student NOW lives with _____
(List ALL people & their relationship to the student - parents, siblings, or others)

SELECT THE APPROPRIATE ANSWER

4. 9 10 11 12 Circle the highest grade in which the student was enrolled at any previous school.

5. YES NO School previously attended was a nonpublic or charter school.

6. YES NO Student is a "Ward of the Court/State" and was placed in this school District by court order.

7. YES NO Student is an international student enrolling from a foreign country. **Select VISA:** F1 J1

7a. YES NO Student is from an MHSAA Approved International Student Program (AISP).

Program Name: _____ Program is listed on MHSAA.com Y N

8. YES NO Student's previous school has been closed, dissolved, or reorganized. *(see Int. 64 & 90)*

9. YES NO Student's parents are DIVORCED. If divorced, give exact decree date: **Month** ____ **Day** ____ **Year** ____

10. YES NO Student is 18 or under, or the 19th birthday is on or after Sept. 1st of this school year.

11. YES NO Last year, the student lived at a boarding school, or while enrolled out of state, attended a sports academy.

12. YES NO Student is 18 and moved into this District WITHOUT his or her parents.

13. YES NO Student participated in a cooperative program involving his/her previous school and our school.

14. YES NO Student wishes to discuss her/her situation with the athletic director.

OVER →

VERIFICATION OF PREVIOUS HIGH SCHOOL SPORTS PARTICIPATION

15. List ALL high school sports the student participated in (game/meet or scrimmage at any level) in the most recent previous school year and, if the transfer occurs after the school year started, list any sports participated in at any level during the current school year. List the year next to the sport played (e.g., **2022-23**).

FALL	WINTER	SPRING

16. List the sport(s) in which the student desires to participate in during the next 12 months at the new school:

• _____ • _____ • _____ • _____

Unless a student meets one of the 15 stated Exceptions, the student is INELIGIBLE for participation in any of the sports listed above (item #15) during the **2023-2024** school year. Students are eligible for participation in sports NOT listed above (item #15).

Today's Date _____ IN THE PAST 12 MONTHS?

17. YES NO While at the **previous high school, the student was coached by** any member of our high school's coaching staff (current or incoming). If yes, indicate the name of the coach(es) and sport(s):

RECOMMENDED VERIFICATION & COMMUNICATION BETWEEN SCHOOLS

By my signature below, I state that the above is true and accurate. I also understand that contests the student participates in may be forfeited to opponents if the information submitted is not accurate:

STUDENT DATE

PARENT/GUARDIAN DATE

NEW SCHOOL ATHLETIC DIRECTOR DATE

SCHOOL NAME + EMAIL OR FAX

TO PREVIOUS SCHOOL A.D. - PLEASE SIGN AND RETURN TO A.D. AT THE STUDENT'S NEW SCHOOL

Exchange this form between athletic directors for students who wish to play the same sport as played previously. The previous school athletic director indicates that to the best of their knowledge, the above is true and accurate:

PREVIOUS SCHOOL ATHLETIC DIRECTOR DATE

Form Returned to NEW School: _____
DATE

Notes if previous AD declines to sign: _____

ALERT! The Sport Specific Transfer Rule states: ANY sport a student played in **2022-23** determines eligibility in **2023-24** should the student transfer and not meet one of the 15 stated Exceptions.

THIS PAGE IS FOR INTERNAL SCHOOL USE
Do NOT send any page of this form to the MHSAA

Return the completed form to the School Athletic Director, who should complete the following:

The eligibility status of _____ at _____ High School is checked below.

- This student is IMMEDIATELY ELIGIBLE to participate in interscholastic athletics.
- This student will be eligible upon completion and processing of the Educational Transfer Form.
- There is a question about the eligibility of this student, and he/she may not participate in an interscholastic scrimmage or contest until written permission is given by the school and the MHSAA.
- This student is NOT ELIGIBLE to participate in interscholastic athletics.
- This student may be ELIGIBLE effective ____ / ____ / ____

ATHLETIC DIRECTOR

DATE

PRINCIPAL

DATE

Assistance in Applying the MHSAA Transfer Rule and Interpretations

Page 1 and 2 of this form is based upon the following MHSAA Regulations, Sections and Interpretations. Administrators should consult the *MHSAA Handbook* and then, if necessary, the MHSAA staff to assist in Processing a new student transfer. The only interpretations that are official are those received in writing.

This boxed information is intended to provide evidence to address Regulation I, Section 2 (age eligibility), Section 4 (maximum enrollment), Section 7 (previous academic term record), and Section 9(A-F) (transfer student). **A transfer student must be enrolled prior to Oct 1 to participate in fall MHSAA tournaments, Feb 1 for winter tournaments or May 1 for spring tournaments.** See Reg. I, Section 9 [F].

The CAPITALIZED INFORMATION on residence relates to Regulation I, Section 9 exceptions regarding residential change "from one public school District to a different public school District." Exceptions: 1, 2, 3, 4, 5, 8, & 12 and Int. 90.

- Line 1: Indicates type of school: public, nonpublic or charter school.
- Lines 2-3: Regulation 1, Section 9(A), Exception 1, (30 days) Interpretations 65 and 90.
- Line 4: Determine grade level. Regulation 1, Section 9(A), Exceptions 10 and 11.
- Line 5: Verification of line 1 and Interpretation # 62 (school of residency).
- Line 6: Regulation I, Section 9(A), Exception 3.
- Line 7: Regulation 1, Section 9(A), Exception 4. J-1 or F -1 Visa International Students See Interpretations 83-89 and MHSAA.com for Approved International Student Program (AISP) listing.
- Line 8: Regulation I, Section 9(A), Exception 6, (also see Interpretations 65, and 90)
- Line 9: Regulation I, Section 9(A), Exception 8 (allowed one time → Must use "Educational Transfer Form"). Student moving between parents who never married see Interpretation 92 and include documentation.
- Line 10: Regulation I, Section 2.
- Line 11: Regulation I, Section 9(A), Exception 2 (Int. 62, 63) or Exception 1 (Int. 67 - out-of-state sports academy).
- Line 12: Regulation I, Section 9(A), Exception 12 (allowed ONE time → Must use "Educational Transfer Form").
- Line 13: Regulation I, Section 9(C), Former school must concur, and student must have participated in the co-op.
- Line 14: Acknowledges that the student or parents need to discuss the matter of eligibility further.
- Lines 15-16: Regulation I, Section 9(B) Checks history of sports participation during the most recent previous school year. See section 9(B) Sports Specific Eligibility.
- Line 17: Section 9(E.5) the Athletic Related Transfer Regulation (Links Rule). Checks enrolling at a school where a coach from the former school has been recently hired in the previous 12 months.

ALERT! The Sport Specific Transfer Rule states: ANY sport a student played in 2022-23 determines eligibility in 2023-24 should the student transfer and not meet one of the 15 stated Exceptions.