

# FARMINGTON RIVER REGIONAL SCHOOL DISTRICT

OTIS & SANDISFIELD

555 North Main Road, P.O. Box 679, Otis, MA 01253  
Phone (413) 269-4466 ■ Fax (413) 269-7659



## WELCOME TO FARMINGTON RIVER ELEMENTARY!

Enclosed is the 2023-2024 Registration packet for your student enrolling in Grade 1<sup>st</sup> – 6<sup>th</sup>.

**Please complete these forms using only BLUE or BLACK INK and return them to the school ASAP.**

### The following forms must be completed only once per family:

- ☐ Student Emergency Information Card
- ☐ Parental Permission to Display
- ☐ Consent & Release & Indemnification Agreement
- ☐ Parental Permission for Transportation of Student(s)
- ☐ Application for Free/Reduced Lunch (*optional*)

### The following forms must be completed only once per student:

- ☐ Home Language Survey
- ☐ Ethnicity & Military Questionnaire
- ☐ Student Acceptable Internet Use Policy
- ☐ School Records Release Form (*if applicable*)
- ☐ School Health Form
- ☐ First Aid and Emergency Medical Care Consent Form
- ☐ Medication Dispensing Form – In-School Permit (*if applicable*)
- ☐ Student Consent Form for Optional Covid-19 Testing (*optional*)

### Please submit a copy of the following:

- ☐ Copy of Birth Certificate
- ☐ Copy of Proof of Residency

*(Examples include Mortgage Statement or Tax Bill, Current Utility Bill, Current Lease Agreement, etc. with physical/residential address listed. A P.O. Box is not accepted for the purpose of determining residency.)*

- ☐ Immunization Record

*(see Immunizations section below)*

- ☐ Copy of Physical Examination

*(within 13 months of initial enrollment)*

**\*\* Updated physician physical exams reports are required for 4<sup>th</sup> Grade. \*\***

- ☐ Custody Paperwork (*if applicable*)

*If you have difficulty obtaining any of the above documents, or have any questions about the above documents, please contact Michael Saporito, Director of Students Services.*

### If your student was enrolled in any school prior to enrolling at Farmington River Elementary, please fill out below:

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

Has your child ever been enrolled in a school in Massachusetts? ☐ Yes ☐ No

Former School: \_\_\_\_\_ Grade last completed: \_\_\_\_\_

School Address: \_\_\_\_\_

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

Reason for Transfer: \_\_\_\_\_

Any previous special needs services (IEP), special education, Title 1 or 504 plans? If so, please describe: \_\_\_\_\_

Any other information you would like us to know about your student? \_\_\_\_\_

*Please fill out the School Records Release Form, included in your packet, so we can contact your former school to request applicable documentation.*

# FRRES: PARENTAL PERMISSION TO DISPLAY

School Year: 2023-2024



Students' Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_  
Grade: \_\_\_\_\_  
\_\_\_\_\_  
Grade: \_\_\_\_\_  
\_\_\_\_\_  
Grade: \_\_\_\_\_

Dear FRRES Parent/Guardian:

Our school receives requests from local organizations - such as libraries, town halls and museums - to display student work products (posters, projects, stories, poems, paintings, etc.), as well as photos or videos of our students. This is a wonderful opportunity for our students to receive well-deserved recognition from local communities. It is also a nice way for students to give something back to the communities that support their school district.

We also receive requests from media organizations, like *The Berkshire Eagle*, that wish to feature performances, concerts and programs at our school. These articles include photographs of students participating in events and/or examples of student work products. Again, this is for the purpose of highlighting our talented student body.

**We respect everyone's right to privacy. Please indicate your agreement to the following:**

PARENTAL PERMISSION TO DISPLAY outside of the school building or on the school's website, with or without the student's name, the following:

- Photographs / images / videos / recordings of student at FRRES;
- Samples of student work and program/ performance information;
- School awards, honors or recognitions.

☐ **Yes**, I give permission to display the above ☐ - **with** / ☐ - **without** student's name.

☐ **No**, I do not give permission to display the above.

Parent/Guardian's Name: \_\_\_\_\_  
(please print)

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

# FRRES: CONSENT & RELEASE & INDEMNIFICATION AGREEMENT

School Year: 2023-2024



The Undersigned, being the parent(s)/guardian(s) of the following minor(s):

\_\_\_\_\_, in Grade \_\_\_\_\_

\_\_\_\_\_, in Grade \_\_\_\_\_

\_\_\_\_\_, in Grade \_\_\_\_\_

do hereby consent to my/our child's participation in any **voluntary athletic and/or recreation program(s)** of the Farmington River Regional School District ("District").

Further, in consideration of permitting my/our child's participation in any voluntary athletic and recreational program(s) of the District the Undersigned releases and forever discharges the District and those for whom it is legally liable and members of the District's School Committee and the District's employees, agents, volunteers and any and all individuals and organizations assisting or participating in a voluntary athletic or recreation program(s) of the District ("the Releasees") from any and all claims, rights of action and causes of action and damages for personal injury and death and property damage resulting, arising from or occasioned by my/our child's participation in any District voluntary athletic or recreational program(s) regardless of whether or not such claims, rights of action and causes of action and damages were caused in whole or in part by one or more of the Releasees.

Further, each parent/guardian, jointly and severally, agree to indemnify, defend and hold harmless including, but not limited to attorney's fees and expenses, the Releasees against any and all claims, rights of action and causes of action and damages for personal injury and death and property damage, resulting, arising from or occasioned by my/our child's participation in any District voluntary athletic or recreational program(s) regardless of whether or not such claims, rights of action and causes of action and damages for personal injuries, death or property damage was caused in whole or in part by one or more of the Releasees.

The Undersigned further affirms that the Undersigned has/have read this Consent and Release and Indemnification Agreement and understand the contents thereof. The Undersigned understands that my/our child's participation in any voluntary athletic and recreational program(s) is not required by the District's course of instruction and that my/our child need not participate in such program(s) and the Undersigned are free to choose to not have my/our child participate in such program(s). By signing this document, the Undersigned affirm that the Undersigned have decided to allow my/our child to participate in the District's athletic and recreational program(s) with full knowledge that the Releasee will not be liable to anyone for personal injuries, death to my/our child or property damage resulting, arising from or occasioned by my/our child's participation in any voluntary athletic and recreational program(s).

Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

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

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

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## Parental Permission Form for Transportation of Student(s): 2023-2024 School Year

*The following is Farmington River Regional Elementary School, in coordination with Dufour, Inc., procedure for afternoon bus drop-off for those who are transported by Dufour, Inc.*

All students who are normally transported by bus at the end of the school day, including half days and emergency closings, will need to have a supervising adult present at the bus stop, in order for the bus driver to allow the child to be dropped off. In the event that there is not a supervising adult present, the student(s) will be brought back to Farmington River Regional Elementary School. The school will attempt to contact a parent/guardian to pick up the student(s) here at the school. In the event that the parent/guardian is unreachable, the school will then attempt to contact names of others – listed on the Emergency Contact Form – who will assume the responsibility and provide transportation for your student(s).

Your consent to the above is assumed, UNLESS YOU NOTIFY THE SCHOOL IN WRITING USING THE FORM BELOW that you want your student(s) to be dropped off at their bust stop without a supervising adult present.

By signing, I certify that I have read and understood the PARENTAL PERMISSION FORM FOR TRANSPORTATION OF STUDENT(S).

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

\_\_\_\_\_  
Date

Student's name: \_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_  
Grade: \_\_\_\_\_  
\_\_\_\_\_  
Grade: \_\_\_\_\_

\*\*\*\*\*

### FILL OUT THE FOLLOWING SECTION ONLY IF YOU WOULD LIKE YOUR STUDENT DROPPED OFF WITHOUT A SUPERVISING ADULT PRESENT:

I, \_\_\_\_\_, give Farmington River Regional Elementary School and it's agent, Dufour, Inc., permission for my child(ren) to be dropped off at the bus stop each day without a supervising adult present.

Student(s) name: \_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_  
Grade: \_\_\_\_\_  
\_\_\_\_\_  
Grade: \_\_\_\_\_

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

\_\_\_\_\_  
Date

# FRRSD: HOME LANGUAGE SURVEY

School Year: 2023-2024



Massachusetts Department of Elementary and Secondary Education regulations require that all schools determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the District is required to do further assessment of your child. Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

Student Information:			
<div> <div></div> <div></div> <div></div> </div>			<input type="checkbox"/> F <input type="checkbox"/> M
First Name	Middle Name	Last Name	Gender
<div></div>	<div>/ /</div>	<div>/ /</div>	
Country of Birth	Date of Birth (mm/dd/yyyy)	Date first enrolled in ANY U.S. school (mm/dd/yyyy)	
School Information:			
<div>/ /</div>	<div></div>	<div></div>	
Start Date in New School (mm/dd/yyyy)	Name of Former School and Town	Current Grade	
Questions for Parents/Guardians:			
<b>What is the native language(s) of <u>each</u> parent/guardian? (circle one)</b>  <div></div> (mother / father / guardian) <div></div> (mother / father / guardian)		<b>Which language(s) are spoken with your child?</b> (include relatives - <i>grandparents, uncles, aunts, etc.</i> - and caregivers) <div></div> seldom / sometimes / often / always <div></div> seldom / sometimes / often / always	
<b>What language did your child first understand and speak?</b>  <div></div>		<b>Which language do you use most with your child?</b>  <div></div>	
<b>Which other languages does your child know? (circle all that apply)</b>  <div></div> speak / read / write <div></div> speak / read / write		<b>Which languages does your child use? (circle one)</b>  <div></div> seldom / sometimes / often / always <div></div> seldom / sometimes / often / always	
<b>Will you require written information from school in your native language?</b> Y <input type="checkbox"/> N <input type="checkbox"/>		<b>Will you require an interpreter/translator at Parent-Teacher meetings?</b> Y <input type="checkbox"/> N <input type="checkbox"/>	
<b>Parent/Guardian Signature:</b>  <div>X</div>			<div>/ / 20</div> <b>Today's Date:</b> (mm/dd/yyyy)

# FRRES: ETHNICITY & MILITARY QUESTIONNAIRE

School Year: 2023-2024



Student's name: \_\_\_\_\_ Grade: \_\_\_\_\_

The revised federal guidelines for reporting student race/ethnicity require that schools offer individuals the opportunity to select one or more races when reporting information on race in federal/state data collections. In addition, race and Hispanic origin are to be considered two separate and distinct concepts. This change is being made to comply with the federal Office of Management and Budget (OMB) revisions to the standards for classification of Federal data on race and ethnicity announced in the Federal Register Notice of October 30, 1997.

Please answer BOTH questions 1 and 2.

## 1. Is this student Hispanic or Latino? Select only one below.

- \_\_\_\_\_ **No, not Hispanic or Latino** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa).
- \_\_\_\_\_ **Yes, Hispanic or Latino** (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

## 2. What is the student's race? You may select one or more races below.

- ☐ **White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)
- ☐ **Black or African American** (A person having origins in any of the black racial groups of Africa.)
- ☐ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)
- ☐ **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)
- ☐ **Native Hawaiian** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

As part of the VALOR Act of 2012, Massachusetts joined other states as part of the Interstate Compact on Educational Opportunity for Military Children. As a result, the information below must be reported to the Department of Elementary and Secondary Education. Please let us know whether any member of your family meets the following criteria by completing and returning this letter to the main office.

Military family criteria consists of: Active duty members of the uniformed services, National Guard and Reserve on active duty orders; members or veterans who are medically discharged or retired within one year; and members who die on active duty.

Military family criteria DOES NOT consist of: Inactive members of the National Guard and Reserves; members now retired not covered above; veterans not covered above; Department of Defense personnel, federal agency civilians and contract employees not defined as active duty.

Military Family Status: \_\_\_\_\_ **Yes, applicable** \_\_\_\_\_ **No, not applicable**

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

\_\_\_\_\_  
Date

# FRRES: STUDENT ACCEPTABLE INTERNET USE POLICY

School Year: 2023-2024



1. Access to network information resources is to be used only to pursue educational objectives through student or staff conducted communication, research and other structurally related activities. Students are responsible for good behavior on all school computers just as in the classroom and during other school activities.
2. The use of the school's computers is a privilege afforded to all students and staff. Each student is expected to take this privilege seriously and abide by all the rules. **Parental permission to use network services is required.** Rules to be followed are listed below:
  - a. A student must treat all computer equipment and materials with care and respect.
  - b. While using a computer, students may only use those applications assigned to them and access the Internet with teacher supervision.
  - c. A student may not copy, move or remove files or programs from a school computer's hard drive or from the school's file server.
  - d. A student may not download or print large files without permission.
  - e. A student may not add programs to a school's computer or file server.
  - f. A student may not use a floppy disk to transfer files to the school's computer without permission from the technology teacher. This is to prevent viruses.
  - g. A student is expected to obey all rules dealing with copyrighted materials.
  - h. A student may not access, upload, download, transmit, display, or distribute obscene or sexually explicit material.
  - i. A student may not use abusive or otherwise objectionable language in messages, or represent the Farmington River Elementary School or staff in an unfavorable way.
  - j. A student may not use another person's password or trespass in another person's folder, work, or files.
  - k. A student may not submit another person's work as his or her own (including Internet sources)

## 3. CONSEQUENCES FOR UNACCEPTABLE USE OF COMPUTERS AT FARMINGTON RIVER ELEMENTARY SCHOOL:

Violation of the above rules may be determined at the building or classroom level, and the consequences will be:

**First Offense:** Student will lose his/her Internet privileges for **one week**, and the teacher will phone the parent or guardian. Any assigned work will be completed with pen and paper using traditional texts and resources.

**Second Offense:** Student will lose his/her Internet privileges for **one month**, and the teacher will phone the parent or guardian. Any assigned work will be completed with pen and paper using traditional texts and resources.

**Third Offense:** Internet privileges will be revoked for **1 Trimester**, the teacher will call the parent or guardian, and a written discipline report from will be sent home. To regain privileges, students will need to appeal to the administration.

## NETWORK INFORMATION RESOURCES PERMISSION FORM

Internet access is coordinated through a complex association of government agencies as well as regional and state networks. With access to computers and people all over the world also comes with the availability of materials available precautions to restrict access to controversial materials. However, on global network it is impossible to control all materials and an industrious user may discover controversial information. The District firmly believe that the valuable information and interaction available on this worldwide network far outweigh the possibility that users may procure material that is not consistent with the educational goals of the Farmington River Regional School District.

### Student: Please Sign the Following:

I have read, or have had read to me, and have discussed the Student Acceptable Internet Use Policy and the Network Information Resources Policy and agree to use the District's computers in accordance with those policies.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent/Guardian: Please Initial One of the Following and Sign Below:

\_\_\_\_\_ I have read and have discussed with my child the Student Acceptable Internet Use Policy and the District's Network Information Resources Policy and hereby give the District permission for my child to access Network Information Resources. I hereby agree to pay any and all financial obligations resulting from my child's use of the Network Information Resources whether billed to the District or my child, which have not been authorized by the District.

\_\_\_\_\_ I do not give the District permission for my child to access the District's Network Information Resources.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# FRRES: SCHOOL HEALTH FORM

School Year: 2023-2024



Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Physician(s) Child Sees: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last physical exam: \_\_\_\_\_ Date of last dental exam: \_\_\_\_\_

**REMINDER:** Updated physician physical exams reports (within the last 13 months) are required for grades K, 4<sup>th</sup>, 7<sup>th</sup>, and 10<sup>th</sup>. Please provide them to the school nurse at **least** that often.

Explain any dental problems that might cause discomfort at school: \_\_\_\_\_

Accidents (explain): \_\_\_\_\_

Past Surgeries: \_\_\_\_\_

Hospitalizations: \_\_\_\_\_

Known Vision Problems: \_\_\_\_\_ Glasses: ☐ Yes ☐ No

Known Hearing Problem: \_\_\_\_\_ Known Physical Problem: \_\_\_\_\_

Identify any current health problems:

- |                                       |   |   |  |
|---------------------------------------|---|---|--|
| <input type="checkbox"/> Asthma       | <input type="checkbox"/> Diabetes                   | <input type="checkbox"/> Heart Disease            | <input type="checkbox"/> Sickle Cell Anemia  |
| <input type="checkbox"/> Allergies    | <input type="checkbox"/> Eczema                     | <input type="checkbox"/> Broken Bones             | <input type="checkbox"/> Vision              |
| <input type="checkbox"/> ADD/ADHD     | <input type="checkbox"/> Frequent Ear Infections    | <input type="checkbox"/> Kidney/Bladder Disorders | <input type="checkbox"/> Weight              |
| <input type="checkbox"/> Cancer       | <input type="checkbox"/> Gastrointestinal Disorders | <input type="checkbox"/> Bed-wetting              | <input type="checkbox"/> Bowels/Constipation |
| <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Seizures                   | <input type="checkbox"/> Other: _____             |  |

Identify any medical or physical condition that would limit child's full participation in gym or school activities: \_\_\_\_\_

**IMPORTANT:** If your child has asthma, please obtain a physician order, an inhaler and spacer for use in the health room.

List allergies to:

Foods: \_\_\_\_\_

Medicine: \_\_\_\_\_

Insect Bites: \_\_\_\_\_

Is Epi-Pen required? \_\_\_\_\_

List medication taken regularly: \_\_\_\_\_

**If your child needs medication at school, we require a new physician order and signed parental consent every year. All medication, including inhalers must be kept in the nurse's office. To request self-carry, please contact the school nurse.**

If you checked Yes to any of the above, please describe. Is there anything else you want the school nurse to know? Please explain: \_\_\_\_\_

I give permission to the school nurse to contact my child's physician if medically necessary. I give permission for the school nurse to provide information relevant to my child's health condition to appropriate school personnel when necessary to meet my child's health and safety needs, and to exchange my child's information with medical authorities for the purpose of referral, diagnosis, and treatment.

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

Date \_\_\_\_\_

# FRRES: FIRST AID & EMERGENCY MEDICAL CARE CONSENT FORM

School Year: 2023-2024



Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

I authorize staff in school who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to \_\_\_\_\_ and to secure necessary medical treatment for my child.

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

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

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

Chronic Health Conditions: \_\_\_\_\_

## EMERGENCY CONTACTS (IN ORDER TO BE CONTACTED):

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you give permission for child to be released to this person? ☐ Yes ☐ No

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you give permission for child to be released to this person? ☐ Yes ☐ No

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you give permission for child to be released to this person? ☐ Yes ☐ No

Health Insurance Coverage: \_\_\_\_\_ Policy #: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

\_\_\_\_\_  
Date (Valid for one year)

# FARMINGTON RIVER REGIONAL SCHOOL DISTRICT

OTIS & SANDISFIELD

555 North Main Road, P.O. Box 679

Otis, MA 01253

Phone (413) 269-4466 ■ Fax (413) 269-7659



## Medication Dispensing – In-School Permit

### **To be completed by a parent or guardian:**

I authorize the School Nurse to see that my child \_\_\_\_\_  
receives the medication prescribed by Dr. \_\_\_\_\_ for the  
school year from \_\_\_\_\_ to \_\_\_\_\_.

This medication is to be in a labeled container with the name of the medication, the amount to be given,  
time to be given, the name of the student, and the prescribing physician's name on the label.

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

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

### **To be completed by the prescribing physician:**

Name of the Medication: \_\_\_\_\_

Dosage of the Medication: \_\_\_\_\_

Time & Route of Administration: \_\_\_\_\_

Adverse reactions/Side Effects: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_  
*Physician, Dentist, Nurse Practitioner, etc.*

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

Telephone Number: \_\_\_\_\_



If you have received a Notice of Direct Certification – FREE from the school district for free meals, do not complete an application. If you have received a Notice of Direct Certification – REDUCED PRICE from the school district for reduced price meals, you may apply. DO let the school know if any children in the household are not listed on the Notice of Direct Certification – FREE letter you received.

## How To Apply for Free and Reduced Price School Meals

Please use these instructions to help you fill out the application for free and reduced price school meals. You only need to submit one application per household, **even if your children attend more than one school in the**

The application must be filled out completely to determine the eligibility of your child(ren) for free or reduced price school meals. 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

**Please use a pen (not a pencil) when filling out the application and do your best to print clearly.**

### Step 1: List ALL children, infants, and students up to and including grade 12

Tell us how many infants/toddlers, children not in school, and elementary/middle/high 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 formal foster arrangement through a court or state/local agency, or qualify as homeless, migrant, or runaway youth;
- Students attending (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 (or a second application if completing electronically) with all required information for the additional children. This also applies to adults in Step 3. "MI" is short for middle initial. Print the first letter of each child's middle name in the box.

**B) Is the child a student?** If "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. Note: Adopted children are not considered foster children. A foster child is a minor child who has been taken into state custody and placed with a state-licensed adult, who cares for the child in place of their parent or guardian.

**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 in order 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
- Temporary Assistance for Needy Families (TANF) or
- The Food Distribution Program on Indian Reservations (FDPIR).

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

- Check “No” in **Step 2** and go to **Step 3**.

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

- Write the **agency ID** number for SNAP, TANF, or FDPIR. You only need to provide one number. If you participate in one of these programs and do not know your agency ID number, contact:
  - Go to **Step 4**.

## Step 3: List ALL household members and income for each member

**How do I report my income?**

- Use the lists titled “**Sources of Income**” & “**Examples of Income for Children**,” 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 and deductions.
  - 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 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**.

### Step 3: List ALL household members and income for each member

**1) 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.

**2) List 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.

If a child listed in **Step 1** has income, follow the instructions in **Step 3, Part B.**

**3) 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.

**4) List income from pensions/retirement/all other income.**

List all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

- **What if I receive income from multiple sources in this category?** List each source separately by entering your name and income from each source on a new line. Add an additional sheet of paper if necessary.

**5) 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.

**6) 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."

### 3.B List income earned by children

**List all income earned or received by children.**

List 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.

Step 4: Contact information and adult signature

All applications must be signed by an adult member of the household. 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 statements on the back of the application.

A) Provide your contact information. Write your current mailing address in the fields provided, if this information is available. If you have no permanent address, that is okay. 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 application to:
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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.

Massachusetts Household Application for Free and Reduced Price School Meals

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

SY 2023-2024

APPLY ONLINE:  
RETURN TO (School/District Name):  
ADDRESS:

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	Grade	Foster Child	Migrant	Runaway	Homeless	If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.
				<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"/>	

STEP 2 Do any household members (including you) participate in: SNAP, TANF, or FDPIR?

☐ NO → Go to STEP 3.

☐ YES → Write agency ID number here and proceed to STEP 4.

AGENCY ID NUMBER (NOT EBT NUMBER):  
SNAP award letter may be requested

Write only one agency ID number in this space.

STEP 3 List ALL household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)  
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.

Name of Adult Household Members (First and Last)	Earnings from Work	How often received?					Public Assistance, Child Support, Alimony	How often received?				Pensions, Retirement, Social Security, SSI, VA Benefits, All Other	How often received?			
		Weekly	Every 2 Weeks	2x Month	Monthly	Annual		Weekly	Every 2 Weeks	2x Month	Monthly		Weekly	Every 2 Weeks	2x Month	Monthly
	\$						\$					\$				
	\$						\$					\$				
	\$						\$					\$				
	\$						\$					\$				
	\$						\$					\$				

Total Household Members (Children and Adults)

Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable)

Check if no Social Security Number

Please see application's back for list of income sources.

B. Child Income  
Sometimes children in the household earn or receive income.  
Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Child Income	How often received?				
	Weekly	Every 2 Weeks	2x Month	Monthly	Annual
\$					

STEP 4 Contact information and adult signature. RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL: Insert school address here

"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."

Print Name of Adult Signing the Form	Signature of Adult	Today's Date			
Mailing Address (if available)	City	State	Zip	Phone (optional)	Email (optional)

Return completed form to your child's school.

## SOURCES AND EXAMPLES OF INCOME

For additional information on income, please refer to the instructions that accompany this application.

Sources of Income			Examples of Income for Children
<b>Earnings from Work</b> <ul style="list-style-type: none"> <li>Salary, wages, cash bonuses, tips, commissions</li> <li>Net income from self-employment (farm or business)</li> </ul> <b>If you are in the U.S. Military:</b> <ul style="list-style-type: none"> <li>Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)</li> <li>Allowances for off-base housing, food, and clothing</li> </ul>	<b>Public Assistance/Alimony/Child Support</b> <ul style="list-style-type: none"> <li>Unemployment benefits</li> <li>Workers' compensation</li> <li>Supplemental Security Income (SSI)</li> <li>Cash assistance from State or local government</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veterans benefits</li> <li>Strike benefits</li> </ul>	<b>Pensions/Retirement/All other sources of income</b> <ul style="list-style-type: none"> <li>Social Security/Disability (including railroad retirement and black lung benefits)</li> <li>Private Pensions or disability benefits</li> <li>Income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>	<ul style="list-style-type: none"> <li>A child has a regular full or part-time job where they earn a salary or wages</li> <li>A child is blind or disabled and receives Social Security benefits</li> <li>A parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> <li>A friend or extended family member regularly gives a child spending money</li> <li>A child receives regular income from a private pension fund, annuity, or trust</li> </ul>

## 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 Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Return this completed form to your child's school. \*Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

## DO NOT FILL OUT

For school use only.

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

Total Income	How often?	Household size	Categorical Eligibility	Eligibility																
<input type="text"/>	<table border="1"> <tr> <td>Weekly</td> <td>Every 2 Weeks</td> <td>2x Month</td> <td>Monthly</td> <td>Annual</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>	Weekly	Every 2 Weeks	2x Month	Monthly	Annual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>	<table border="1"> <tr> <td>Free</td> <td>Reduced</td> <td>Denied</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>	Free	Reduced	Denied	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weekly	Every 2 Weeks	2x Month	Monthly	Annual																
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																
Free	Reduced	Denied																		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																
Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Signature																

## 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: <https://www.usda.gov/sites/default/files/documents/ad-3027.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 by:

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

FAX: (833) 256-1665 or (202) 690-7442; or  
EMAIL: [program.intake@usda.gov](mailto:program.intake@usda.gov)

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

Return completed form to your child's school.

This institution is an equal opportunity provider.