

For Office Use Only: School: _____ Enrollment Date: _____ Enrollment Code: _____ Pupil Number: _____
Graduating Year: _____ Frosh Start Date: _____ Locker Number: _____ Approved IDT? _____
Proof of Birthdate: Birth Certif. Court Order Hospital Record Passport Other _____

COOS BAY PUBLIC SCHOOLS HIGH SCHOOL ENROLLMENT FORM 2017-2018

-This enrollment form is a legal document. The information you provide must be accurate and complete.
Any personal information requested is solely for the safety and well-being of your student. Thank you in advance for your cooperation.

STUDENT INFORMATION (Please PRINT legibly.)

Previous District & School: _____

Yes No Has the student ever been a student in Coos Bay Public Schools?

Legal Last Name: _____ Legal First Name: _____ Legal Middle Name: _____

AKA Last Name: _____ AKA First Name: _____ AKA Middle Name: _____

Grade: _____ Student email address: _____

LANGUAGE

When your child began to talk, what language did they first learn? _____

What language is spoken most often in the household? _____

What language do you prefer to receive correspondence in? _____

Date of Birth: _____

Gender F M

City, State & Country of Birth: _____

Yes No ***if born outside the United States***, has your child been attending a school in the United States for less than 3 cumulative years? If no, when did your child begin school in the United States?

Date	Grade	School	City/State
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RACE & ETHNICITY

Yes No Is your child Hispanic or Latino?

Please mark all that apply to your student and indicate tribe name if marking US Native American or Alaska Native

White Asian Native Hawaiian or Other Pacific Islander

Black or African American US American Indian or Alaska Native – List Tribe _____

Non-United States Native American (Latin America or Canada) Unknown/Unspecified

STUDENT ADDRESS

Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different):

Street Address/PO Box: _____ City: _____ State: _____ Zip: _____

Student Home Phone: _____ Unlisted Student Cell Phone: _____

LEGAL PARENT/GUARDIAN INFORMATION: Unless documentation is provided that shows otherwise, the legal parent/guardians have contact rights, education rights, custody rights and mailing rights.

Custody Check person/s with LEGAL custody of the student	<input type="checkbox"/> Both parents <input type="checkbox"/> Joint (50/50)	<input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Brother	<input type="checkbox"/> Father/Step Mother <input type="checkbox"/> Mother/Step Father <input type="checkbox"/> Sister	<input type="checkbox"/> Step Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Social Services/Foster Care	<input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Guardian	<input type="checkbox"/> Other
Living With Check person/s student lives with	<input type="checkbox"/> Both parents <input type="checkbox"/> Joint (50/50)	<input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Brother	<input type="checkbox"/> Father/Step Mother <input type="checkbox"/> Mother/Step Father <input type="checkbox"/> Sister	<input type="checkbox"/> Step Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Social Services/Foster Care	<input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Guardian	<input type="checkbox"/> Other
For Office Use Only:						
<input type="checkbox"/> Copy of Court/Custody Order on file in the Main Office dated: _____						
<input type="checkbox"/> Copy of Restraining Order on file in the Main Office dated: _____						

Legal Parent/Guardian 1

Yes No Lives with Student?

Last Name: _____ First Name: _____ Relationship: _____

E-Mail: _____ Employer: _____ Job Title: _____

Address (if different): _____ City: _____ State: _____ Zip: _____

Primary Contact Phone Number: _____ Primary Language spoken by Parent: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Legal Parent/Guardian 2

Yes No Lives with Student?

Last Name: _____ First Name: _____ Relationship: _____

E-Mail: _____ Employer: _____ Job Title: _____

Address (if different): _____ City: _____ State: _____ Zip: _____

Primary Contact Phone Number: _____ Primary Language spoken by Parent: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Legal Parent/Guardian 3

Yes No Lives with Student?

Last Name: _____ First Name: _____ Relationship: _____

E-Mail: _____ Employer: _____ Job Title: _____

Address (if different): _____ City: _____ State: _____ Zip: _____

Primary Contact Phone Number: _____ Primary Language Spoken by Parent: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

LOCAL EMERGENCY CONTACT INFORMATION in the event of an emergency, parent/guardians will be called first, so you need not repeat Parent Information here.

#1 Contact Last Name: _____ First Name: _____ Relationship to student: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Yes No They may pick up my student Language Spoken: _____

#2 Contact Last Name: _____ First Name: _____ Relationship to student: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Yes No They may pick up my student Language Spoken: _____

#3 Contact Last Name: _____ First Name: _____ Relationship to student: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Yes No They may pick up my student Language Spoken: _____

SIBLINGS: Please list all brothers, sisters, half and step, *CURRENTLY* registered in a Coos Bay School

Sibling Name: _____ Age: _____ Current CB School: _____

Relationship Brother Sister Half Step

Sibling Name: _____ Age: _____ Current CB School: _____

Relationship Brother Sister Half Step

Sibling Name: _____ Age: _____ Current CB School: _____

Relationship Brother Sister Half Step

STUDENT STATUS

Check all that may currently apply: ELL IEP 504 Special Ed Speech TAG

Does this student have any special needs? If yes, please describe below:

Is this student currently suspended? No Yes from: _____

Is this student currently expelled? No Yes from: _____

Name of juvenile/parole officer: (if applicable) _____

If currently expelled/suspended, student and parent will need to meet with administrators to determine if registration is possible at this time.

AUTHORIZATIONS – Please see back of this page for explanations of authorizations.

Release of Information – see back for details

Photo Release & Photo/Interview

- Opt Out No photo release
- Opt Out No photo or interviews under any circumstances
- Opt Out No photo or interview by an outside agency

Field Trips

Yes No My child has permission to participate in local field trips, unless I specifically request in writing that they be excused from a particular field trip.

HIGH SCHOOL ONLY

I want to opt out from releasing my child’s name, address, and phone number to the following:

- Opt Out Military Recruiters
- Opt Out Colleges

Informational Materials

_____(initial) I hereby acknowledge that I understand where to find the District Student/Parent Guide and School Student/Parent Guide and/or Attendance and Discipline Policies and agree to read and review the documents with my student.

By signing below, I attest the information provided here is accurate and complete. I understand false swearing to a public agency is unlawful (ORS 162.075).

Date: _____ Parent/Guardian Signature

Coos Bay Public Schools

Authorizations/Permissions

For annual notices on Directory Information, Student Records, Military Recruiting and Protection of Student Rights, please see the District Parent and Student handbook located at www.cbd9.net under Parents & Community, Policies and Handbooks.

Under federal law and school policy, the school district may release the following to the public through appropriate procedures: Student name, address, phone listing, date of birth, participation in officially recognized activities and sports, weight and height of member of athletic teams, degrees, honors and awards received, major field of study, dates of attendance, the most recent school attended and video records of students. **If you do not want this information released, please contact your school to submit a written request. This form must be completed each year.** (Publicity Denial and Non-Release of Information to School Directory Form)

*Student photographs are commonly used in yearbooks, newsletters, websites, and other school-related publications. **If you do not want your student's photograph used or released for these purposes or for news media, please contact your school to submit a written request** (Publicity Denial and Non-Release of Information to School Directory Form).

*Many schools or PTA's publish school directories that include parent /guardian contact information. **If you do not want your name and contact information released for the school directory, please contact your school to submit a written request** (Publicity Denial and Non-Release of Information to School Directory Form).

STUDENT CELL PHONE

Student use of cell phones during school hours is a privilege that can be revoked if it is used during instructional time. Rules for use at schools may vary.

INTERNET ACCESS

As part of the classroom learning environment, all students have access to the internet and district provided email. If you do not want your student to have access to the internet or district-provided email, please contact your school to submit a written denial. Access may be denied for students who do not follow the Secondary Student User Agreement which is located in the Student – Parent Guide.

FIELD TRIPS

As a student in the Coos Bay School District, your child might attend field trips. Written notification of the time, date and destination will be sent to you prior to the day of the field trip unless this is a walking trip to areas near the school. If you do not want your child participating in a particular field trip, you need to request in writing that they be excused.

HIGH SCHOOL ONLY

The No Child Left Behind Act of 2001 requires school districts to provide, upon request, the names, addresses and phone numbers of juniors and seniors to military recruiters, colleges and universities. If you do not want the school district to provide information about your student to either the military or colleges and universities, you have the opportunity to "opt out." In order to do so, you must check one or both of the categories below.

INFORMATIONAL MATERIALS

Coos Bay Public Schools updates Student/Parent Guides for the schools and district annually and has posted copies at www.cbd9.net under Parents and Community – Policies and Handbook and also on the school's websites. Copies will be given to each parent/guardian that does not have internet access during registration. The Student/Parent Guides contain information for you and your child regarding Coos Bay School District policies, procedures and legal notices. It is VERY important you take the time to read these and review them with your child.



MARSHFIELD HIGH SCHOOL

10TH & Ingersoll
Coos Bay, OR 97420

Phone (541) 267-1400 Fax (541) 269-0161

www.cbd9.net

Travis Howard, Principal

RECORDS DEPARTMENT

REQUEST FOR TRANSFER OF EDUCATIONAL RECORDS BETWEEN SCHOOLS

Previous District & School _____

Address _____

City, State, Zip _____

The students listed below have enrolled in our district. Please fax transcript and immunizations as soon as possible to 541-269-0161 and forward all educational records, including academic records, health records, special education records, and all other available records to Marshfield High School, 10th & Ingersoll, Coos Bay, OR 97420.

<u>Student(s) Name</u>	<u>Birth Date</u>	<u>Grade</u>	<u>Student(s) enrollment date</u>

ORS 326.575 - (1) and (2)

Records when student transfers or is placed elsewhere; notice to parents; amendments to records; rules.

(1) Within 10 days of a student's seeking initial enrollment in a public or private school or when a student is placed in a state institution, other than an institution of post-secondary education, or a private agency, detention facility or youth care center, the school, institution, agency, facility or center shall notify the public or private school or the institution, agency, facility or center in which the student was formerly enrolled and shall request the student's education records.

(2) Subject to ORS 339.260, any public or private school, state institution, private agency, detention facility or youth care center receiving the request described in subsection (1) of this section shall transfer all student education records relating to the particular student to the requesting school, institution, agency, facility or center no later than 10 days after the receipt of the request. The education records shall include any education records relating to the particular student retained by an education service district.

I hereby request that the educational records be forwarded to Marshfield High School as soon as possible.

Parent/Guardian or Eligible Student Signature

Date



Oregon Certificate of Immunization Status Oregon Health Authority, Immunization Program

Oregon law requires proof of immunization be provided or an exemption be signed prior to a child's attendance at school, preschool, child care or home day care. This information is being collected on behalf of the Oregon Health Authority, Immunization Program and may be released to the Authority or the local public health department by the school or children's facility upon request of the Authority. Please list immunizations in the order they were received.

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>
Mailing Address <i>Dirección</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Codigo Postal</i>
Parents' or Guardians' Names <i>Nombre de los padres o guardian</i>		Home Telephone Number <i>Número de Teléfono</i>	

Complete for all
 Up-to-date
 Medical
 Non medical

Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria/Tetanus/Pertussis (DTaP, Tdap, Td)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)
Booster Dose Tdap					
Polio (IPV or OPV)					
Varicella (Chickenpox) [VZV or VAR] <input type="checkbox"/> Check here if child has had chickenpox disease _____ (mm/dd/yy)					
Measles/Mumps/Rubella (MMR) <i>or</i> Measles vaccine only Mumps vaccine only Rubella vaccine only					
Hepatitis B (Hep B)					
Hepatitis A (Hep A)					
Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)					

I certify that the above information is an accurate record of this child's immunization history.

Signature* _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____

For school/facility use only
School/facility Name
Student ID Number
Grade

*Parent, guardian, student at least 15 years of age, medical provider or county health department staff person may sign to verify vaccinations received.

Continued On Reverse Side



Oregon Certificate of Immunization Status, Page 2

Oregon Health Authority, Immunization Program

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>
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Recommended Vaccines	Recommended Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
	Pneumococcal (PCV) (Only in children less than 5 years)					
	Meningococcal (MCV4, MPSV4)					
	Human Papilloma Virus (HPV) (9 years or older)					
	Influenza (Flu)					
	Other Vaccine Please specify:					
	Other Vaccine Please specify:					

For medical exemptions:
Please submit a letter signed by a licensed physician stating:

- Child's name
- Birth date
- Medical condition that contraindicates vaccine
- List of vaccines contraindicated
- Approximate time until condition resolves, if applicable
- Physician's signature and date
- Physician's contact information, including phone number

For Immunity Documentation (history of disease or positive titer): **Please submit a letter signed by a licensed physician stating:**

- Child's name and birth date
- Diagnosis or lab report
- Physician's signature and date

Nonmedical Exemption:
 I have received information regarding the benefits and risks of immunizations. I understand that my child may be excluded from school or child care attendance if there is a case of disease that could be prevented by vaccine. I have attached the required document from (check one):

A health care practitioner
 The vaccine educational module approved by the Oregon Health Authority

I understand that I may decline one or more vaccinations for my child and request that my child be exempted from the following required immunizations (check all that apply):

<input type="checkbox"/> Diphtheria/ Tetanus/Pertussis	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Polio	<input type="checkbox"/> Hepatitis A
<input type="checkbox"/> Varicella	<input type="checkbox"/> Hib
<input type="checkbox"/> Measles/Mumps/Rubella	

Signature of Parent or Guardian _____ Date _____

Optional:
 ORS 433.267 states that this document may include the reason for declining the immunization. Immunization is being declined because of:

Religious belief Philosophical belief Other

I certify that the above information is an accurate record of this child's immunization history and exemption status.

Signature _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____

**It is important for the schools to have up-to-date health information on your child.
Thank you for updating it.**

**Coos Bay Public Schools
2017-2018
Health Information Form**

Student's Name: _____ Date of Birth: _____

Grade: _____ Teacher/Home Room: _____ School: _____

The following information will help school personnel plan for your child's health needs. Information on this document may be made available to school, health care provider and health department authorities.

1. **No Medical Problems at this time**

2. Check medical problems or concerns below:

- | | | | | | |
|--|---|--|---|------------------------------|-------------------------------|
| <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Bone/Joint Problems | <input type="checkbox"/> Frequent Nosebleeds | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> ADD | <input type="checkbox"/> ADHD |
| <input type="checkbox"/> Blood Disorders | <input type="checkbox"/> Past Concussions | <input type="checkbox"/> Vision Problems | <input type="checkbox"/> Glasses/Contacts | | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hearing Difficulties | <input type="checkbox"/> Other (list specific concern) _____ | | | |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Currently using an inhaler | <input type="checkbox"/> At Home | <input type="checkbox"/> At School | | |
| <input type="checkbox"/> List Allergies, if any: _____ | | | | | |

Describe reaction: _____

Epipen prescribed? Yes No

3. List medication taken: At Home _____
 At School _____
 Are back-up medications needed at school? _____

4. Special directions* (limitations or restrictions-physical/dietary, etc.)

Food Allergy Restriction Note: If your child has a dietary restriction that is not self-managed (by parent/child), our food services department will need a medical note from the student's medical provider. This is a federal food services law. See the school nurse for details.

5. History of any serious illness, injury, or surgery? _____

6. Check if your child has had:

- | | | | |
|--|------------|--|------------|
| Chicken Pox <input type="checkbox"/> | Year _____ | Premature Birth <input type="checkbox"/> | |
| Head Injury <input type="checkbox"/> | Year _____ | Hepatitis <input type="checkbox"/> | Year _____ |
| Immune Disorder <input type="checkbox"/> | Year _____ | Tuberculosis <input type="checkbox"/> | Year _____ |

Physician: _____ Phone: _____

IN THE EVENT OF A MEDICAL EMERGENCY, and after every reasonable effort has been made to contact parents/guardians, I authorize Coos Bay School District staff members, any qualified physician, or emergency medical personnel to transport my child to the nearest emergency treatment center so that reasonable and necessary medical care may be given.

I realize that the responsibility for all medical expenses incurred belong to the parents/guardian and will hold Coos Bay School District harmless.

Parent/Guardian Signature

Date

Coos Bay Public Schools

2017-2018 PRESCRIPTION SELF-MEDICATION AGREEMENT for 8th – 12th graders

Student's name: _____ Grade: _____

Students who are developmentally and/or behaviorally able will be allowed to self-administer prescription medication, subject to the following:

1. This permission form must be submitted for all self-medication of prescription medication:
 - A. Self-administration of prescription medication requires permission from the parent, school administrator and physician. Prescription label stands as the physician's order.
2. All prescription medication must be kept in its appropriately labeled, original container as follows:
 - A. Prescription labels must specify the name of the student, name of the medication, dosage, route, and frequency or time of administration and any other special instructions. Physicians consent for self-administration is to be on the label or on the medication consent form.
3. The student may have in his/her possession only the amount of medication needed for that school day.
4. Sharing and/or borrowing of medication with another student is strictly prohibited.
5. Permission to self-medicate may be revoked if the student violates school district policy governing administration of non-injectable medication and/or these regulations.

I have read and agree to the above criteria and give permission for my child to carry the following medications:

List prescribed medication your student self-administers daily at school.

PARENT/GUARDIAN SIGNATURE

DATE

I agree to comply with the above criteria:

STUDENT SIGNATURE

DATE

This student may carry and self-administer this medication as prescribed:

SCHOOL ADMINISTRATOR OR NURSE SIGNATURE

DATE

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

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

STUDENT INFORMATION

Name of the Child _____ Date of Birth _____ Grade _____
(As shown on school enrollment records)

Name of School _____

TRIBAL ENROLLMENT

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

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

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

The Tribe or Band is (select only one):

- _____ Federally Recognized
- _____ State Recognized
- _____ Terminated Tribe (Documentation required. Must attach to form)
- _____ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

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

A. Membership or enrollment number (if readily available) _____ OR

B. Other Evidence of Membership in the tribe listed above (describe and attach) _____

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

Name _____ Address _____

City _____ State _____ Zip Code _____

ATTESTATION STATEMENT

I verify that the information provided above is accurate.

Name Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____ Date _____

INSTRUCTIONS FOR THE ED 506 FORM

FOR APPLICANTS:

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

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

FOR PARENTS/GUARDIANS:

DEFINITION: Indian means an individual who is (1) A member of an Indian tribe or band, as membership is defined by the Indian tribe or band, including any tribe or band terminated since 1940, and any tribe or band recognized by the State in which the tribe or band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

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

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

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

- **Federally Recognized-** an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- **State Recognized-** an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe-**a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group-** Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

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

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

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

PAPERWORK BURDEN STATEMENT According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 07/31/2019.

For Active Armed Forces Parents/Guardians Only

Student Name

School

Dear Parent/Guardian,

Beginning 2017-2018 school year, the federal government is asking school districts to identify students whose parent(s) or legal guardian(s) are a member of the Armed Forces on active duty or full-time National Guard.

This includes:

- Students placed with a temporary guardian while one or both parents are deployed.
- Students whose parent(s) or guardians(s) are:
 - Full-time Army, Navy, Air Force, Marine Corps or Coast Guard active or training duty
 - Students at a school designed as a service school, while in active military
 - Full-time National Guard members
 - Active Duty Reserves (members of the reserves who have been called to active duty for at least 180 consecutive days)
 - Dual Status Military Technicians

Does not include:

- Students whose parent(s) or guardian(s) are:
 - Members of other uniformed services, such as commissioned corps of the National Oceanic and Atmospheric Administration and the commissioned corps of the Public Health Service
 - Retired or discharged former service members
 - Part-time national Guard members who are not deployed
 - Members of the reserves who have not been called to active duty
 - Civilian employees of the Department of Defense
- Students with a relative in the armed forces other than the student's parent or guardian

Please list names below of the student's parent(s) or legal guardian(s) who is a member of the Armed Forces who is on active duty or full-time National Guard.

Name

Relationship to student

Name

Relationship to student

Name

Relationship to student

By Signing below, I attest the information provided here is accurate and complete. I understand false swearing to a public agency is unlawful. (ORS 162.075).

Signature Parent/Guardian

Date

2017-2018 Student Housing Questionnaire

NAME OF STUDENT: _____
FIRST MIDDLE LAST

NAME OF SCHOOL: _____ GRADE: _____ BIRTH DATE: ____/____/____ AGE: _____
MONTH DAY YEAR

OTHER CHILDREN LIVING IN THE HOME:

Name: _____ School: _____
Name: _____ School: _____
Name: _____ School: _____

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435.

- 1.) Is this student's home address a temporary living arrangement, other than a rental? Yes No
- 2.) Is this a temporary living arrangement due to loss of housing or economic hardship? Yes No
- 3.) Is this student in a temporary foster care placement or awaiting foster care? Yes No
- 4.) As a student, are you living with someone other than your parent or legal guardian? Yes No

If you answered YES to any of the above questions, please complete the remainder of this form.

If you answered NO to all of the above questions, you may stop here.

Where is this student currently living? (check box)

- In a motel
- In a shelter
- With more than one family in a house or apartment
- Moving from place to place
- In a location not designed for sleeping accommodations such as a car, park or campsite
- Transitional housing (through community agency)
- "Awaiting" Foster Care
- In a travel trailer, fifth wheel or other RV

ADDRESS OF CURRENT RESIDENCE: _____
(OR)

NAME OF MOTEL /SHELTER OF CURRENT RESIDENCE: _____
(OR)

NAME OF "GENERAL AREA" OF CURRENT RESIDENCE: _____

PHONE NUMBER OR CONTACT NUMBER: _____ NAME OF CONTACT: _____

Print name of parent(s)/legal guardians(s): _____
(Or unaccompanied youth)

Signature of parent/legal guardian: _____ Date: _____
(Or unaccompanied youth)

2017-2018 CONFIDENTIAL FAMILY APPLICATION FOR FREE & REDUCED MEALS

NOTICE:

- If you received an ELIGIBILITY NOTIFICATION – FREE MEALS from the school district **do not** complete this application.
- See **Application Instructions** on back of form.

1 HOUSEHOLD INFORMATION

Print name of person completing this application (Last name, First name)

Name Print

Mailing Address – Apt #

City State Zip

Home Phone or Cell Phone or Work (Circle One)

Email address

➔ Number living in this household _____
(Write names of **all** household members on part 2 and/or part 4 of this form)

2 STUDENT INFORMATION

Child's Name (Legal Last name, First name)

School

Grade (optional)

Birth Date (optional)

Check if Foster Child

1.	_____	_____	_____	_____	<input type="checkbox"/>
2.	_____	_____	_____	_____	<input type="checkbox"/>
3.	_____	_____	_____	_____	<input type="checkbox"/>
4.	_____	_____	_____	_____	<input type="checkbox"/>
5.	_____	_____	_____	_____	<input type="checkbox"/>

3 BENEFITS

If any member of your household receives SNAP or TANF, provide the name and case number of the member receiving benefits

Name

- SNAP
 TANF

Case Number

Go to Part 5 below

Does this household receive FDPIR (Food Distribution on Indian Reservations) Yes (Go Part 5 and complete)

4 HOUSEHOLD MEMBERS & GROSS MONTHLY INCOME – if not monthly, see back for conversions

	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
	List all household members, including children not attending school, and income. Do not include students listed in part 2, unless they receive regular income. (Last name, first name)	MONTHLY INCOME (Total earnings & wages before deductions)	MONTHLY CHILD SUPPORT, WELFARE, ALIMONY RECEIVED	MONTHLY PENSIONS, SOCIAL SECURITY, RETIREMENT	OTHER MONTHLY INCOME -Including unemployment and workers comp.	Check if No Income
1.	_____	_____	_____	_____	_____	<input type="checkbox"/>
2.	_____	_____	_____	_____	_____	<input type="checkbox"/>
3.	_____	_____	_____	_____	_____	<input type="checkbox"/>
4.	_____	_____	_____	_____	_____	<input type="checkbox"/>

5 SIGNATURE, DATE and Last four numbers of SOCIAL SECURITY NUMBER (Adult must sign)

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

Signature of Adult Household Member

Date Signed

Social Security Number

I do not have a Social Security Number.

X _____

Month/day/year

XXX-XX -

6 RACIAL OR ETHNIC GROUP (OPTIONAL)

Mark one ethnic identity:

- Hispanic or Latino
 Not Hispanic or Latino

Mark one or more racial identities:

- Asian
 American Indian & Alaskan Native
 Native Hawaiian or Other Pacific Islander
 Black or African American
 White, not of Hispanic origin
 Other

I prefer all written correspondence in Spanish Russian Other _____

7 I do not want my information shared with State children's health insurance programs. Sign here:

I have a child (or children) who does not have any kind of health coverage – neither private health insurance nor Oregon Health Plan/Healthy Kids. I am interested in free or reduced cost health coverage for at least one of my children. Yes No

SCHOOL USE ONLY - DO NOT WRITE BELOW THIS LINE

Total Income: _____ Number in household: _____ Date Withdrawn: _____

Free based on:
 SNAP/TANF/FDPIR
 Foster child categorical
 household income

Reduced based on:
 household income

Denied – Reason:
 income too high
 incomplete application

Determining Official's Signature : _____ Date _____

Application Instructions

- If your household receives **SNAP, TANF or FDPIR**, complete parts 1, 2, 3 and 5; parts 6 and 7 are optional.
 - If you do not receive these benefits and your **income is below** the guidelines, complete parts 1, 2, 4, 5; parts 6 and 7 are optional.
 - If you are a household with a **FOSTER CHILD**, complete parts 1, 2, 4, and 5; parts 6 and 7 are optional.
- Any income fields left blank will be counted as zeros. Please be careful that you meant to leave income fields blank.*

DETERMINING MONTHLY INCOME FOR EARNINGS & WAGES

Monthly income for all household members must be reported in Part 4 of this application. Income means any money regularly received from work, child support, alimony, pensions, retirements, social security or any other source. Exclude student/school loans.

Household members who are not paid monthly should change earnings into monthly income by doing the following:

Household members who are paid every week: Multiply total earnings and wages for one pay period, before deductions, by 52. Then divide by 12. The resulting amount is the total monthly income.

Household members who are paid every 2 weeks: Multiply total earnings and wages for one pay period, before deductions, by 26. Then divide by 12. The resulting amount is the total monthly income.

Household members who are paid twice a month: Multiply total earnings and wages for one pay period, before deductions, by 24 then divide by 12. The resulting amount is the total monthly income.

Household members who are seasonal workers or work less than 12 months: Project annual rate of income to accurately represent actual circumstances then divide by 12. The resulting amount is the projected monthly income.

Note: Money received from a business or farm owned by you should be reported as "net income." *Net Income is defined as the total income left after business and farm operating expenses are subtracted from gross receipts.*

FEDERAL INCOME GUIDELINES

Your children may qualify at least for reduced price meals if your household income is at or below the limits of this chart.

Reduced Price Meals

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
-1-	22,311	1,860	930	859	430
-2-	30,044	2,504	1,252	1,156	578
-3-	37,777	3,149	1,575	1,453	727
-4-	45,510	3,793	1,897	1,751	876
-5-	53,243	4,437	2,219	2,048	1,024
-6-	60,976	5,082	2,541	2,346	1,173
-7-	68,709	5,726	2,863	2,643	1,322
-8-	76,442	6,371	3,186	2,941	1,471
For each additional family member add	7,733	645	323	298	149

PRIVACY STATEMENT - SOCIAL SECURITY NUMBERS and OTHER INFORMATION

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information but if you do not, we cannot approve your child for free or reduced price meals. You must include the last 4 digits of the social security number of the adult household member who signs the application. The last 4 digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals and for administration and enforcement of the lunch and breakfast programs. We **may** share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules. We may share the information on this form with Medicaid or the State Children's Health Insurance Program (SCHIP), unless you tell us not to. The information, if disclosed, will only be used to identify eligible children and seek to enroll them in Medicaid or SCHIP.

NON-DISCRIMINATION STATEMENT

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov
This institution is an equal opportunity provider.

Coos Bay School District

Dear Parent/Guardian:

Children need healthy meals to learn. Coos Bay School District offers healthy meals every school day. Breakfast is no cost, lunch costs \$2.40 - \$2.90, depending on grade. Your children may qualify for free meals or reduced price meals. As of this printing, the cost of reduced meals has not yet been determined for the 2017-2018 school year. We will announce it at the beginning of the school year.

1. **Should I fill out an application if I got a letter this school year saying my children are approved for free meals?** If you receive a notice of direct certification letter you do not need to fill out an application. Please read the letter you received carefully and follow the instructions. Call Jessica Lovgren at 541-267-1305 if you have questions.
2. **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. Fill the application out online at <https://coosbaysd.sodexomyway.com/> or return the completed application to: Jessica Lovegren, 1255 Hemlock Ave., Coos Bay, OR 97420.
3. **Who can get free meals?** Children in households getting Supplemental Nutrition Assistance Program (SNAP) benefits, TANF or FDPIR can get free meals regardless of your income. Also, your children can get free meals if your household income is within the free limits on the Federal Income Guidelines.
4. **Can foster children get free meals?** Yes, foster children that are under the legal responsibility of a foster care agency or court can get free meals. Any foster child in the household can get free meal regardless of income.
5. **Can homeless, runaway and migrant children get free meals?** Please call Melinda Torres at 541-267-1485 to see if your child(ren) qualifies, if you have not been informed that they will get free meals.
6. **Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart.
7. **If my child is eligible for free or reduced price meal benefits, when will the meal benefits begin?** Meal benefits for new applications cannot start until an application is approved. Please provide a lunch or money for a paid lunch until you receive notice that the application is approved.
8. **I get WIC. Can my child(ren) get free meals?** This can only be determined by completing and submitting the enclosed application for meal benefits. Please fill out an application.
9. **My children receive Oregon Health Plan benefits. Can they get free meals?** This can only be determined by completing and submitting the enclosed application for meal benefits. Please fill out an application.
10. **Will the information I give be checked?** Yes, we may ask you to send written proof.
11. **If I do not qualify now, may I apply later?** Yes. You may apply at any time during the school year.
12. **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: Candace McGowne, 1255 Hemlock Ave., Coos Bay, OR 97420 541-267-1317.
13. **May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.
14. **Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you. Foster children may be included as household members. If you live with other people who are economically independent (for example, people you do not support, who do not share income with you or your children and who pay a pro-rated share of expenses), do not include them.
15. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.
16. **We are in the military; do we include our housing allowance? If you get an off-base housing allowance, it must be counted as income.** However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
17. **My spouse is deployed to a combat zone. Is combat pay counted as income?** Combat pay is excluded if it is received in addition to the service member's basic pay; because of the deployment; and not received before being deployed.
18. **My family needs more help. Are there other programs we might apply for?** To find out how to apply for State SNAP or other assistance benefits, contact your local assistance office or Text "FOOD" to 877877 or call 1-866-348-6479 (1-866-3-HUNGRY) or visit www.Summerfoodoregon.org

If you have other questions or need help, call 541-267-1305

Sincerely,

Coos Bay School District

INSTRUCTIONS FOR APPLYING

For Supplemental Nutrition Assistance Program (SNAP) benefits OR Temporary Assistance for Needy Families (TANF) Households, do the following:

Part 1: Complete Household information

Part 2: List child(ren)'s name, school, grade, birthday and mark the checkbox, if they are a formally placed foster child in the family.

Part 3: Give the name of the person in the household with benefits and their case number, (SNAP) benefits (A11-11-1111) or TANF (AA111 or AAA111)

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

Part 7: Answer this question if you choose to.

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

Part 1: Complete Household information

Part 2: List child(ren)'s name, school, grade, birthday and mark the checkbox, if they are a formally placed foster child in the family

Part 3: Skip this part

Part 4: Skip this part

Part 5: Sign the form. A Social Security Number is not necessary

Part 6: Answer this question if you choose to.

Part 7: Answer this question if you choose to.

OR Complete a household application for the entire household including the foster child following instructions for "All Other Households"

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

Part 1: Complete Household information.

Part 2: List child(ren)'s name, school, grade, birthday and mark if child is foster.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from last month.

Column 1–Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself, those children living with you but not attending school and children in school receiving regular income. Do not repeat children listed in part 2 unless they receive regular income. Attach another sheet of paper if you need to.

Column 2 –Gross Monthly Income. Next to each person's name, list each type of income received last month. For example, *Monthly Income:* List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. If your income is paid weekly, every 2 weeks or twice a month, follow the instructions on the back of the application.

Column 3 - List the amount each person got last month from welfare, child support, alimony.

Column 4 – List the amount each person got last month from pensions, retirement, Social Security.

Column 5 – List the amount each person got last month from Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME.

Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Part 5: An adult household member must sign the form and list the last four (4) numbers of his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 6: Answer this question if you choose to.

Part 7: Answer this question if you choose to.