



In case of an emergency and parent/guardian are not available I, \_\_\_\_\_ the undersigned parent/guardian of \_\_\_\_\_, DO HEREBY AUTHORIZE Guthrie Public Schools to consent to any medical treatment or procedure upon the advice of a physician, licensed under the law of Oklahoma. I recognize and understand that in situations where my child may require immediate medical or hospital care, and I am not available to evaluate and choose treatment, I hereby authorize professional judgment to determine if medical assistance is necessary for the health or safety of my child. THE SCHOOL WILL MAKE EVERY EFFORT TO CONTACT THE PARENT/GUARDIAN BEFORE TAKING ACTION.

\_\_\_\_\_  
Signature of Parent/Guardian Date \_\_\_\_\_

<input type="checkbox"/> <b>No</b> , Medical Condition <input type="checkbox"/> Allergies* <input type="checkbox"/> Asthma*	<input type="checkbox"/> <b>Yes</b> , my child receives regular medical/health care for the following conditions: <input type="checkbox"/> Blood/Hemophilia <input type="checkbox"/> Diabetes*	<input type="checkbox"/> Ears/Hearing <input type="checkbox"/> Migraines	<input type="checkbox"/> Seizures <input type="checkbox"/> Other _____
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\* Addition Information: \_\_\_\_\_

It is the policy of Guthrie Public Schools that prescription and nonprescription medication will only be administered by school staff with written authorization of the student's legal custodian and written instructions from the student's physician. The medication must be in the original container with proper labeling: name of student, name of medication dosage, and time to be taken. The Medication Consent Authorization is available in the School office.

<input type="checkbox"/> Yes, Guthrie Public Schools may email information to me about my child.	_____ Email address
--	------------------------

**Family Educational Rights and Privacy Act (FERPA)**

Student Information Release	Phone/Video Release																					
<p>Guthrie Public Schools has designated the following information as "Student Information," and it will disclose this information without prior written consent unless indicated below. I may revoke this constant in full or revoke this consent as to any specific student work or student-identifying information by providing notice to the Guthrie Public Schools, Attn: Superintendent, 802 East Vilas Avenue. Guthrie OK 73044-5228.</p> <p>Such Information includes the following:</p> <ul style="list-style-type: none"> <li>* Student's photo with full name</li> <li>* Student's parents' full name(s)</li> <li>* Student-created work</li> <li>* Video recordings of student</li> <li>* Audio recordings of student</li> </ul> <p><input type="checkbox"/> <b>Yes</b>, I give permission for this information to be publicized on the district website or media for instructional, informational, public relations, promotional and/or publicity purposes.</p> <p><input type="checkbox"/> <b>No</b>, I do not give permission for this information to be disclosed.</p>	<p><input type="checkbox"/> <b>Yes</b>, I give my permission to the District releasing the following education records ("Records"), including but not limited to any information contained in the listed records:</p> <p><b>Name and/or Picture Only</b> to the following individual, corporation or entity: <b>School district newsletters or website, local newspapers</b> for the following purpose(s): <b>Honors and Achievements Only</b></p> <p><input type="checkbox"/> <b>No</b>, I do not give my permission for my child to be included in pictures, and/or videos taken while attending Guthrie Public Schools.</p>																					
<b>PreK &amp; Kindergarten students ONLY</b>																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Did student participate in any of the following programs?</th> <th style="width: 10%;">Yes</th> <th style="width: 10%;">No</th> </tr> </thead> <tbody> <tr> <td>A DHS licensed childcare program</td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td>The Sooner Start Program</td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td>The Oklahoma Parent as Teachers (OPAT) Program</td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td>Children First Program operated by State Health Dept.</td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td>Child abuse prevention program by State Health Dept.</td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td>Any federally-funded Head Start Program</td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </tbody> </table>		Did student participate in any of the following programs?	Yes	No	A DHS licensed childcare program			The Sooner Start Program			The Oklahoma Parent as Teachers (OPAT) Program			Children First Program operated by State Health Dept.			Child abuse prevention program by State Health Dept.			Any federally-funded Head Start Program		
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Any federally-funded Head Start Program																						

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

Office use only	
Date Received _____	Enrollment start date _____
Date entered into computer _____	Entered by _____

**GUTHRIE PUBLIC SCHOOLS**  
**REQUIRED ENROLLMENT RESIDENCY VERIFICATION PROCESS**

**New Student to District**

**Returning Student**

In order to expedite the enrollment process and comply with district enrollment policies, this form and the required documentation must be completed prior to receiving a class assignment. Please select the option that best meets the needs of your family, as listed below. Questions may be directed to the individual school or administration office.

I am the  Parent;  Legal Guardian; or  Person having legal custody of the following student(s) who reside within the boundaries of the Guthrie Public School District:

<u>Student(s) Name(s)</u>	<u>Grade</u>	<u>School Site</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

My primary residence is located within the legal boundaries of the Guthrie Public School District and I am currently living in and occupying said residence, which is located at **Address:**

\_\_\_\_\_

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

and I have provided the following original documentation for verification: **two original utility bills with service addresses provided in June, July, or August and NO CUT OFF notices:**

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Gas Bill           | <input type="checkbox"/> Electric Bill  | <input type="checkbox"/> Home Telephone Bill (No Cell)    | <input type="checkbox"/> Internet/Cable Bill      |
| <input type="checkbox"/> Water Bill         | <input type="checkbox"/> Propane Bill   | <input type="checkbox"/> On-Line Utility Bill (printouts) | <input type="checkbox"/> Trash Service            |
| <input type="checkbox"/> Mortgage Statement | <input type="checkbox"/> Direct TV/Dish | <input type="checkbox"/> Homestead Exemption Form         | <input type="checkbox"/> Lease/Renter's Agreement |

Housing Addition or Directions to Residence: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

I hereby give the Guthrie Public School District's designated representative my permission to verify any and all information contained in this affidavit and its related documents, and understand that **any false information or misrepresentation contained herein shall automatically terminate the student's enrollment and attendance at Guthrie Public Schools, and may be subject to a misdemeanor punishable by imprisonment not to exceed one (1) year or a fine not to exceed five hundred dollars (\$500) or both such fine and imprisonment.**

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

Father/Stepfather name \_\_\_\_\_

Mother/Stepmother name \_\_\_\_\_

\_\_\_\_\_



CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I understand that these records are protected under Federal and State confidentiality regulations and cannot be released without written consent unless otherwise provided for in the regulations. Federal regulations prohibit further disclosure of the records without specific written consent, or as otherwise permitted by such regulation. I also understand that I may revoke this consent in writing at any time unless action has already been taken based upon this consent and that in any event this consent expires one year from the date of signature.

Student's Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ Parents/Guardian's Name: \_\_\_\_\_

Name of Previous School: \_\_\_\_\_

Address of Previous School: \_\_\_\_\_ City / State / Zip \_\_\_\_\_

Request for education records includes, but is not limited to: all academic, cumulative, ELWIDA, grades, transcript of all work completed, health, discipline, special education records, and Reading Sufficiency status. Transfer of student records, including disciplinary records, must be made in a timely manner, within three business days of receipt of request, under state law. (70 O.S. 24-101.4) The student intends to enroll or is enrolled in our school district. Therefore, please send records to:

Only for students with disabilities (IEP/504) moving to school districts within Oklahoma
Upon confirmation that the student with a disability listed above has withdrawn, please inactivated in "EdPlan":
Please have the individual who has been designated within the school district as the special education "EdPlan Administrator" send a message within the "EdPlan" program stating the student has been "inactivated".

The educational records are maintained and released in accordance with the Family Educational Rights and Privacy Act (FERPA). Parents or eligible students shall be provided a copy of the records to be disclosed if requested. Disclosure, except as provided at 34 § CFR 99.31, requires prior consent of parents or eligible students.

The information I authorized for release may include information that could be considered information about communicable disease which may include, but are not limited to diseases such as hepatitis, syphilis, gonorrhea, and the human immune-deficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS).

Parent 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 \_\_\_\_\_



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Student's Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ Parents/Guardian's Name: \_\_\_\_\_

Name of Previous School: \_\_\_\_\_

Address of Previous School: \_\_\_\_\_ City / State / Zip

Request for education records includes, but is not limited to: all academic, cumulative, ELWIDA, grades, transcript of all work completed, health, discipline, special education records, and Reading Sufficiency status. Transfer of student records, including disciplinary records, must be made in a timely manner, within three business days of receipt of request, under state law. (70 O.S. 24-101.4) The student intends to enroll or is enrolled in our school district. Therefore, please send records to:

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Parent Signature

Date

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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:

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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.





**TITLE VI STUDENT ELIGIBILITY CERTIFICATION  
FORM 506 ATTACHMENT**

I currently have on file with the Guthrie Public School District, for the 20\_\_ – 20\_\_ school year, a Title VII Student Eligibility Certification Form 506 for the following child:

\_\_\_\_\_  
**Print Child's Full Legal Name**

I accept all responsibility for the decision determining their qualifications are a Native American. I have been in contact with the Native American Tribe declared, and understand if the Federal government finds this child not eligible, I am responsible for all debts incurred for any services rendered. The services currently in concern will be after school tutoring.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tribe Name

\_\_\_\_\_  
Tribe Member's Name

STUDENT INFORMATION

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Last Name First Name Middle Name  
 Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Student ID # \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
 MM/DD/YYYY

Is the student of Hispanic or Latino culture or origin? Yes \_\_\_\_\_ No \_\_\_\_\_

Select one or more of the following races:  
 \_\_\_\_\_ African American/Black \_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_ Asian  
 \_\_\_\_\_ Native Hawaiian/Pacific Islander \_\_\_\_\_ Caucasian/White

1. What is the dominant language **most often** spoken by the student? \_\_\_\_\_
2. What is the language **routinely** spoken in the home, regardless of the language spoken by the student? \_\_\_\_\_
3. What language was **first** learned by the student? \_\_\_\_\_
4. Does the parent/guardian need **interpretation** services? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what language? \_\_\_\_\_
5. Does the parent/guardian need **translated** materials? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what language? \_\_\_\_\_
6. What was the date the student first enrolled in a school in the United States? \_\_\_\_\_  
 MM/YYYY

\_\_\_\_\_  
 Date (MM/DD/YYYY)

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

SCHOOL USE ONLY

*Please have test score documentation available for the Regional Accreditation Officer to review.*

- Other language than English indicated TWO OR MORE times on questions 1 – 3 above.** The student is classified as “more often” and automatically qualifies as **bilingual** on the accreditation report.
- Other language than English indicated ONLY ONCE on questions 1 – 3 above.** The student is classified as “less often” and only qualifies as **bilingual** on the accreditation report **if he or she meets one of the following** (any selection below REQUIRES appropriate documentation):
  - 1. Designated English Learner on one of the Oklahoma English language proficiency assessments: ACCESS for ELLs 2.0, Alternate ACCESS for ELLs, WIDA Screener, WIDA MODEL, K-WAPT, W-APT or Oklahoma Pre-K Language Screening Tool.
  - 2. Scored unsatisfactory or limited knowledge in Reading on the Oklahoma State Testing Program (OSTP).
  - 3. Scored at or below the 35<sup>th</sup> percentile (or equivalent) composite reading score from spring of the previous school year on a state approved norm-referenced test (NRT).

DOCUMENTATION OF A TEST RESULT FOR STUDENTS MARKED LESS OFTEN

Date(s) of Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS Test	Score(s) on Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS		Date(s) of WIDA Screener or K-WAPT/WAPT or WIDA MODEL	Score(s) on WIDA Screener or K-WAPT/WAPT or WIDA MODEL	
	Composite Score	Literacy Score		Composite Score	Literacy Score
	1.	2.		1.	2.
	1.	2.			

Date(s) of Reading OSTP	Score(s) on Reading OSTP			
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced

Date of the Oklahoma Pre-K Language Screening Tool	Score on Pre-K Language Screening Tool
	%

Date(s) Norm Reference Test (NRT)	Name of the NRT	Reading Total Composite Score(s) %

**From Above:**  
 Question 1: Reference WAVE code 1036  
 Question 2: Reference WAVE code 1037  
 Question 3: Reference WAVE code 1038

**DATOS DEL ALUMNO**

Nombre del alumno: \_\_\_\_\_ Grado: \_\_\_\_\_  
 Apellido(s) Nombre Segundo nombre

Fecha de nacimiento: \_\_\_\_\_ Escuela: \_\_\_\_\_ No. de carnet estudiantil: \_\_\_\_\_ Género: M \_\_\_\_\_ F \_\_\_\_\_  
 MM/DD/AAAA

¿Es el alumno de cultura u origen hispano o latino? Sí \_\_\_\_\_ No \_\_\_\_\_

Seleccione una o más de las siguientes razas:

\_\_\_\_\_ afroamericana/negra \_\_\_\_\_ amerindia o nativa de Alaska \_\_\_\_\_ asiática  
 \_\_\_\_\_ hawaiana o isleña del Pacífico \_\_\_\_\_ caucásica/blanca

1. ¿Cuál es el idioma predominante que **con mayor frecuencia** habla el alumno? \_\_\_\_\_
2. ¿Cuál es el idioma que **normalmente** se habla en el hogar, independientemente del idioma que habla el alumno? \_\_\_\_\_
3. ¿Cuál fue el idioma que el alumno aprendió **por primera vez**? \_\_\_\_\_
4. ¿Requiere el padre/tutor servicios de **interpretación**? Sí \_\_\_\_\_ No \_\_\_\_\_ En su caso, ¿para qué idioma? \_\_\_\_\_
5. ¿Requiere el padre/tutor materiales **traducidos**? Sí \_\_\_\_\_ No \_\_\_\_\_ En su caso, ¿a qué idioma? \_\_\_\_\_
6. ¿En qué fecha se inscribió el alumno por primera vez en una escuela en Estados Unidos? \_\_\_\_\_  
 MM/AAAA

Fecha (MM/DD/AAAA)

Firma del padre/tutor

**SOLO PARA USO INTERNO**

**Favor de facilitar al Oficial Regional de Acreditación documentación que avale las calificaciones en el examen para su revisión.**

- Other language than English indicated TWO OR MORE times on questions 1 – 3 above.** The student is classified as “more often” and automatically qualifies as **bilingual** on the accreditation report.
- Other language than English indicated ONLY ONCE on questions 1 – 3 above.** The student is classified as “less often” and only qualifies as **bilingual** on the accreditation report **if he or she meets one of the following** (any selection below REQUIRES appropriate documentation):
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**DOCUMENTATION OF A TEST RESULT FOR STUDENTS MARKED LESS OFTEN**

Date(s) of Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS Test	Score(s) on Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS		Date(s) of WIDA Screener or K-WAPT/WAPT or WIDA MODEL	Score(s) on WIDA Screener or K-WAPT/WAPT or WIDA MODEL	
	Composite Score	Literacy Score		Composite Score	Literacy Score
	1.	2.		1.	2.
	1.	2.			

Date(s) of Reading OSTP	Score(s) on Reading OSTP			
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced

Date of the Oklahoma Pre-K Language Screening Tool	Score on Pre-K Language Screening Tool
	%

Date(s) Norm Reference Test (NRT)	Name of the NRT	Reading Total Composite Score(s) %

**From Above:**  
**Question 1: Reference WAVE code 1036**  
**Question 2: Reference WAVE code 1037**  
**Question 3: Reference WAVE code 1038**



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## Elementary and Secondary Education Act (ESSA) Military Identifier

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

Individuals serving in the Army, Navy, Air Force, Marine Corps, Coast Guard, and the National Guard or Air National Guard of any state are "member[s] of the Armed Forces" as defined under the *Every Student Succeeds Act* (see [10 U.S.C. § 101\(a\)\(4\)](#)).

**1. Is parent(s) a member of the Armed Forces?**

- Yes, proceed to the next question.  
 No, you can stop here.

**2. Parent is a full-time member of the regular Army, Navy, Air Force, Marine Corps, or Coast Guard?**

- Yes, you can stop here. (Military subgroup)  
 No, proceed to the next question.

**3. Is the parent a member of the Army Reserve, Navy Reserve, Air Force Reserve, Marine Corps Reserve, or Coast Guard Reserve who has been ordered to active duty?**

- Yes, provide a copy of the duty orders indication currently in active Status. You can stop here. (Military subgroup)  
 No, proceed to the next question.

**4. Is the parent a member of the National Guard or Air National Guard who has been ordered to active duty?**

- Yes, provide a copy of the duty orders indicating that they are currently in **national** active status. (Military subgroup)  
 No

Please notify the school of any change of status.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**GUTHRIE PUBLIC SCHOOLS**  
**CONSENT TO RECEIVE AUTOMATED TELEPHONE NOTICES**

Student Information

Names and grades of your children enrolled in the District:

Student's Name:	_____	Grade:	_____
Student's Name:	_____	Grade:	_____
Student's Name:	_____	Grade:	_____

Notice Regarding Autocalls

In order to provide parents with prompt notice of information related to school events and activities, the District may use automatic telephone dialing equipment to make calls and deliver texts and pre-recorded messages to your cell and/or residential phone number(s), pursuant to your authorization below. These calls will include, but not be limited to:

- Notice of school closing due to weather or other reasons
- Notice that your child was absent from school or one or more classes
- Notice of parent-teacher conferences
- Notice of upcoming school events
- Notice of an emergency situation at school
- Any other notice related to school that District officials determine should be communicated by an automated telephone message.

Authorization

- Yes, please add the following number(s) to the district's autocall system:**

(    )    -    _____	<input type="checkbox"/> cell
(    )    -    _____	<input type="checkbox"/> residential

If this is a cell number, I certify that this is my personal cell number (a separate consent is required for each cell phone user). I understand that standard messaging and phone usage rates may apply.

- No, I do not wish to receive any autocalls from the district.** I understand that unless I give consent (above) I will not receive any autocalls regarding my student or district activities regardless the nature of the communication.

- Remove the following numbers from the district's autocall system.**

(    )    -    _____	<input type="checkbox"/> cell
(    )    -    _____	<input type="checkbox"/> residential

I understand that I will not receive any autocalls regarding my student or district activities.

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

# 2018-2019 Household Application for Free and Reduced Price School Meals

Apply online:

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

## STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (If more spaces are required for additional names, attach another sheet of paper.)

**Definition of Household Member:** "Anyone who is living with you and shares income and expenses, even if not related."  
  
Children in **Foster care** and children who meet the definition of **Homeless, Migrant or Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

Child's First Name	MI	Child's Last Name	DOB	School Name	Grade	Student?		Homeless, Migrant, Runaway	
						Yes	No	Foster Child	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

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

Case Number:

Write only one case number in this space.

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

Are you unsure what income to include here?  
  
Flip the page and review the charts titled "Sources of Income" for more information.  
  
The "Sources of Income for Children" chart will help you with the Child Income section.  
  
The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

**A. Child Income**  
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child income: \$       How often?      Weekly       Bi-Weekly       2x Month       Monthly

**B. All Adult Household Members (including yourself)**  
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

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

Total Household Members (Children and Adults)      Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member      X X X      X X            Check if no SSN

## STEP 4 Contact information and adult signature. Mail Completed Form To:

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available)      Apt #      City      State      Zip      Daytime Phone and Email (optional)

Printed name of adult signing the form      Signature of adult      Today's date





# HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in Guthrie Public Schools. The application must be filled out completely to certify your children 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 **Jana Wanzer, SFA 405-282-8900 or 405-282-5952, email jana.wanzer@guthriepps.net**].

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

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

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

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

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

<p><b>A) List each child's name.</b> Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.</p>	<p><b>B) Is the child a student at [Guthrie Public Schools?]</b> Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend [name of school/school district here]. If you marked 'Yes,' write the grade level of the student in the 'Grade' column to the right.</p>	<p><b>C) Do you have any foster children?</b> If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are <u>ONLY</u> applying for foster children, after finishing <b>STEP 1</b>, go to <b>STEP 4</b>. <u>Foster children who live with you may count as members of your household and should be listed on your application.</u> If you are applying for both foster and non-foster children, go to step 3.</p>	<p><b>D) Are any children homeless, migrant, or runaway?</b> 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 <u>complete all steps of the application.</u></p>
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## **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)
- Temporary Assistance for Needy Families (TANF)
- The Food Distribution Program on Indian Reservations (FDPIR)

<p><b>A) If no one in your household participates in any of the above listed programs:</b></p> <ul style="list-style-type: none"> <li>• Leave <b>STEP 2</b> blank and go to <b>STEP 3</b>.</li> </ul>	<p><b>B) If anyone in your household participates in any of the above listed programs:</b></p> <ul style="list-style-type: none"> <li>• Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact your caseworker.</li> <li>• Go to <b>STEP 4</b>.</li> </ul>
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## STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

### How do I report my income?

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

### 3.A. REPORT INCOME EARNED BY CHILDREN

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

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

### 3.B REPORT INCOME EARNED BY ADULTS

#### Who should I list here?

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

#### B) List adult household members’ names.

Print the name of each household member in the boxes marked “Names of Adult Household Members (First and Last).” Do not list any household members you listed in STEP 1. If a child listed in **STEP 1** has income, follow the instructions in **STEP 3, part A.**

#### C) Report earnings from work.

Report 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.

**What if I am self-employed?** Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

#### D) Report income from public assistance/child support/alimony.

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

#### E) Report income from pensions/retirement/all other income.

Report all income that applies in the “Pensions/Retirement/ All Other Income” field on the application.

#### F) Report total household size.

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

#### G) Provide the last four digits of your Social Security Number.

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

## 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 privacy and civil rights statements on the back of the application.*

<p><b>A) Provide your contact information.</b> Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.</p>	<p><b>B) Print and sign your name and write today's date.</b> Print the name of the adult signing the application and that person signs in the box "Signature of adult."</p>	<p><b>C) Mail Completed Form to:</b> Guthrie Public Schools 802 East Villas Guthrie, OK 73044</p>	<p><b>D) Share children's racial and ethnic identities (optional).</b> 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.</p>
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## FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED-PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **Guthrie Public Schools** offers healthy meals every school day. Breakfast costs **varies by site/see specific school**; lunch costs **varies by site/see specific school**. **Your children may qualify for free meals or for reduced-price meals.** Reduced-price is **\$.30** for breakfast and **\$.40** for lunch. This packet includes an application for free or reduced-price meal benefits and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

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

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

**FEDERAL ELIGIBILITY INCOME CHART for School Year: 2019**

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	22,459	1,872	936	864	432
2	30,451	2,538	1,269	1,172	586
3	38,443	3,204	1,602	1,479	740
4	46,435	3,870	1,935	1,786	893
5	54,427	4,536	2,268	2,094	1,047
6	62,419	5,202	2,601	2,401	1,201
7	70,411	5,868	2,934	2,709	1,355
8	78,403	6,534	3,267	3,016	1,508
Each additional person:	7,992	666	333	308	154

2. **HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?** Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and have not been told your children will get free meals, please call or e-mail **Guthrie Public Schools at 405-282-8900**.
3. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. *Use one Free and Reduced-Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **Guthrie Public Schools / 802 East Vilas Guthrie, OK 73044**.
4. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS?** No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **Child Nutrition Dept 405-282-5952** immediately.

5. **CAN I APPLY ONLINE?** Yes! The online application has the same requirements and will ask you for the same information as the paper application. Visit [www.guthrieips.net](http://www.guthrieips.net) to begin or learn more about the application process. Print and mail application to Guthrie Public Schools 802 East Vilas Guthrie, OK 73044. Contact Child Nutrition Dept 405-282-5952 if you have any questions about the online application.
6. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE?** Yes. Your child's application is only good for that school year and for the first few days of this school year, through **9/15/18**. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
7. **I GET WIC. CAN MY CHILDREN GET FREE MEALS?** Children in households participating in WIC *MAY* be eligible for free or reduced-price meals. Please send in an application.
8. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes. We may also ask you to send written proof of the household income you report.
9. **IF I DO NOT QUALIFY NOW, MAY I APPLY LATER?** Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.
10. **WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?** You should talk to school officials. You also may ask for a hearing by call or writing to:  
**Jana Wanzer, SFA 405-282-8900 or email [jana.wanzer@guthrieips.net](mailto:jana.wanzer@guthrieips.net).**
11. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A UNITED (U.S.) CITIZEN?** Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.
12. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you *NORMALLY* receive. For example, if you normally make \$1000 each month but you missed some work last month and made only \$900, put down that you made \$1000 per month. If you normally get overtime, include it; do not include it if you work overtime only sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. **WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT?** Household members may not receive some types of income we ask you to report on the application or may not receive income at all. Whenever this happens, please write a *0* in the field. However, if any income fields are left empty or blank, those will *ALSO* be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you *MEANT* to do so.
14. **WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY?** Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. **WHAT IF THERE IS NOT ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY?** List any additional household members on a separate piece of paper and attach it to your application. Contact **Child Nutrition Dept 405-282-5952** to receive a second application.
16. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for SNAP or other assistance benefits, contact your local assistance office or call 1-866-411-1877.

If you have other questions or need help, call **Guthrie Public Schools, Child Nutrition Dept at 405-282-5952**.

Sincerely,

Jana Wanzer  
District Treasurer &  
SFA- CN Dept.

## SHARING INFORMATION WITH MEDICAID/SOONERCARE

Dear Parent/Guardian:

If your children get free or reduced-price school meals, they *MAY* also be able to get free or low-cost health insurance through Medicaid or SoonerCare. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, *the law allows us to tell Medicaid and SoonerCare that your children are eligible for free and reduced-price school meals unless you tell us not to.* Medicaid and SoonerCare only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Application for Free and Reduced-Price Meals does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or SoonerCare, fill out the form below and send in. (Sending in this form will not change whether your children get free or reduced-price school meals.)

**No! I DO NOT** want information from my Application for Free and Reduced-Price School Meals shared with Medicaid or SoonerCare.

If you checked *No*, fill out the form below to ensure that your information is *NOT* shared for the child(ren) listed below:

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

For more information, you may call your child's school.

\_\_\_\_\_

**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 privacy and civil rights statements on the back of the application.*

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

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

**C) Mail Completed Form to: Guthrie Public Schools 802 East Vilas Guthrie, OK 73044**

**D) 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.



## STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

### How do I report my income?

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

### 3.A. REPORT INCOME EARNED BY CHILDREN

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

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

### 3.B REPORT INCOME EARNED BY ADULTS

#### Who should I list here?

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

**B) List adult household members’ names.** Print the name of each household member in the boxes marked “Names of Adult Household Members (First and Last).” Do not list any household members you listed in STEP 1. If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.

**C) Report earnings from work.** Report 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.

**What if I am self-employed?** Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

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

**E) Report income from pensions/retirement/all other income.** Report all income that applies in the “Pensions/Retirement/ All Other Income” field on the application.

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

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



# HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in Guthrie Public Schools. The application must be filled out completely to certify your children 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 **Jana Wanzer, SFA 405-282-8900 or 405-282-5952, email jana.wanzer@guthriepps.net**].

**PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO**

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

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

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

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

<p><b>A) List each child's name.</b> Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.</p>	<p><b>B) Is the child a student at [Guthrie Public Schools?</b> Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend [name of school/school district here]. If you marked 'Yes,' write the grade level of the student in the 'Grade' column to the right.</p>	<p><b>C) Do you have any foster children?</b> 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 <b>STEP 1</b>, go to <b>STEP 4</b>. <u>Foster children who live with you may count as members of your household and should be listed on your application.</u> If you are applying for both foster and non-foster children, go to step 3.</p>	<p><b>D) Are any children homeless, migrant, or runaway?</b> 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 <u>complete all steps of the application.</u></p>
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**YOUR BEST TO PRINT CLEARLY.**

## **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)
- Temporary Assistance for Needy Families (TANF)
- The Food Distribution Program on Indian Reservations (FDPIR)

<p><b>A) If no one in your household participates in any of the above listed programs:</b></p> <ul style="list-style-type: none"> <li>• Leave <b>STEP 2</b> blank and go to <b>STEP 3</b>.</li> </ul>	<p><b>B) If anyone in your household participates in any of the above listed programs:</b></p> <ul style="list-style-type: none"> <li>• Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact your caseworker.</li> <li>• Go to <b>STEP 4</b>.</li> </ul>
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