

OHIO COUNTY SCHOOLS SCHOOL ENROLLMENT

Office Use Only
SSID _____

YEAR _____ GRADE _____ TEACHER _____ HOMEROOM # _____

HOUSEHOLD INFORMATION

LAST NAME _____ FIRST _____ MIDDLE _____

If information has not changed since last enrollment was filled out, check this box and skip to next section.

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

911 ADDRESS _____ CITY _____ STATE _____ ZIP _____

BIRTHDATE _____ SEX _____ HOME PHONE NUMBER _____

SOCIAL SECURITY NUMBER _____

HAS STUDENT BEEN ENROLLED IN THIS SYSTEM BEFORE? _____ IF NO, WHAT DISTRICT/STATE _____

LAST SCHOOL ATTENDED _____ LOCATION _____

RACE/ETHNIC GROUP

If information has not changed since last enrollment was filled out, check this box and skip to next section.

<i>Part 1: Select (1) ethnicity that applies:</i> ____ Hispanic/Latino ____ Not Hispanic/Latino	<i>Part 2: Select ALL races that apply:</i> ____ White _____ Asian _____ American Indian/Alaska Native ____ Black/African American _____ Pacific Islander/Hawaiian
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Country of Origin _____ language spoken most frequently at home _____

First language your child began to speak _____

Language your child most frequently speaks at home _____

Primary language spoken to your child _____

HEAD OF HOUSEHOLD

1ST GUARDIAN'S FULL NAME _____ LIVES WITH? YES _____
First Middle Last NO _____

If information has not changed since last enrollment was filled out, check this box and skip to next section.

ADDRESS (if different from above) _____ PHONE # _____

RELATIONSHIP _____ EMPLOYER _____ WORK # _____

2ND GUARDIAN'S FULL NAME _____ LIVES WITH? YES _____
First Middle Last NO _____

If information has not changed since last enrollment was filled out, check this box and skip to next section.

ADDRESS (if different from above) _____ PHONE # _____

RELATIONSHIP _____ EMPLOYER _____ WORK # _____

TRANSPORTATION

****THIS SECTION MUST BE FILLED OUT****

DOES STUDENT RIDE A BUS TO SCHOOL? _____ FROM SCHOOL? _____ PART TIME? _____

PLEASE COMPLETE THE OTHER SIDE OF THIS FORM

PLEASE GIVE THE FOLLOWING INFORMATION ON BROTHERS, SISTERS AND ANY OTHERS UNDER 18 YEARS OF AGE LIVING IN YOUR FAMILY:

If information has not changed since last enrollment was filled out, check this box and skip to next section.

NAME _____ DATE OF BIRTH _____
ATTENDING WHAT SCHOOL _____ GRADE _____ NOT IN SCHOOL _____
NAME _____ DATE OF BIRTH _____
ATTENDING WHAT SCHOOL _____ GRADE _____ NOT IN SCHOOL _____
NAME _____ DATE OF BIRTH _____
ATTENDING WHAT SCHOOL _____ GRADE _____ NOT IN SCHOOL _____

HEALTH INFORMATION

If information has not changed since last enrollment was filled out, check this box and skip to next section.

1. Insurance Company _____ Policy # _____ Group # (if applicable) _____
2. Physician _____ Phone # _____ Hospital _____
3. List your child's history of any serious medical condition, injury, illness, disease or surgery. _____

4. Does your child have a food, insect, drug or Latex allergy? _____ Other? _____
If YES, Specify _____ EPI-PEN? _____
5. Does your child have Asthma? _____ Will an inhaler be provided for school use? _____
6. Does your child have Diabetes? _____ Type 1 _____ Type 2 _____
Is medication required for school attendance? _____
7. Does your child have a history of seizures? _____ Life-sustaining prescription? _____ If YES, specify _____
8. Does your child **REGULARLY** take prescription medication? _____ If YES, specify _____
9. Does any prescription medication need to be administered at school? _____ If YES, specify _____

AS GUARDIAN OF THE CHILD LISTED ON THIS FORM, I VERIFY THAT THE INFORMATION IS CURRENT AND THAT I WILL IMMEDIATELY INFORM THE SCHOOL OF ANY CHANGES IN THIS INFORMATION. I AUTHORIZE ANY SCHOOL PERSONNEL TO TAKE REASONABLE EMERGENCY MEASURES, INCLUDING CALLING 911, ON BEHALF OF MY CHILD AND AGREE TO HOLD THEM HARMLESS FOR ANY TREATMENT REQUIRED.

Are there circumstances about the custody of your child that we should know about, which limit the sharing of records, picking up of your child, etc.? Yes _____ No _____ (It is the parent's/guardian's responsibility to keep the school informed of changes in custody by providing the office current and complete legal documents each year and after

My child's picture may be used in the newspaper, on bulletin boards, in displays, or in other types of educational publications. Yes _____ No _____

My child may accompany his/her class on scheduled field trips. Yes _____ No _____

Date

Parent's Signature

Kara Bullock
Assistant Superintendent

Cheston Hoover
Assistant Superintendent

Kathy Meredith
CFO/Treasurer

Christy Nofsinger
Director of Special Education

John Stofer
Director of District Programs

Ohio County Schools



315 East Union Street
P. O. Box 70
Hartford, Kentucky 42347
(270) 298-3249
Fax (270) 298-3886

Board Members
Jeff Evans
Chairman
Center town
Beth Lunsford
Vice Chairman
Horse Branch/
Southern
Dwight Raymond
Beaver Dam
Karen Boling
Hartford
Will Eddins
Fordsville

Seth Southard, Superintendent

Dear Parent/Guardian:

Our school is participating in the Community Eligibility Provision (CEP) under the National School Lunch Program. The CEP provision is available to schools with a high percentage of economically disadvantaged students. Under CEP all students receive a breakfast/lunch at no charge for the entire school year. However, to determine eligibility to receive additional benefits for your child(ren) you will need to complete a household and income form.

1. DO I NEED TO FILL OUT A FORM FOR EACH CHILD? No. *Use one Household and Income Form for all students in your household.* We cannot use a form that is incomplete, so be sure to fill out all required information. Return the completed form to school.
2. MY CHILD(REN) ALREADY RECEIVE MEALS AT NO CHARGE AT SCHOOL. WHY SHOULD I COMPLETE THIS FORM AS WELL? Many state and federal programs use socioeconomic status (that is, household and income information) to determine eligibility for their programs. In addition, the primary state funding calculation uses socioeconomic status. By completing this form your school is able to determine your child(ren)'s eligibility for additional programs. Regardless, your child(ren) will still receive meals at no charge.
3. 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) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who 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.
4. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
5. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
6. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HIS/HER COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to his/her basic pay because of his/her deployment and it wasn't received before s/he was deployed, combat pay is not counted as income. Contact your school for more information.

If you have other questions or need help, 270-298-3249.

Sincerely,

Superintendent

BOARD MEETS THIRD THURSDAY AT 6:00 P.M.

Non-Discriminatory Policy Statement

Students, their parents and employees of the Ohio County Board of Education, are hereby notified this school district does not discriminate on the basis of race, color, religion, gender, genetic information, national or ethnic origin, political affiliation, age or disabling condition in employment, educational programs, vocational programs or activities as set forth in Title IX, Title VI, Section 504, and ADA.

Any person having inquires concerning the Ohio County Board of Education compliance with Title IX, Title VI, Section 504, and ADA is directed to contact Christy Nofsinger, Ohio County Board of Education, P.O. Box 70, 315 East Union Street, Hartford, KY 42347, 298-3249, who has been designated to coordinate the district's efforts to comply with Title IX, Title VI, and Section 504.

INSTRUCTIONS FOR APPLYING

Part 1: All Household Members (a household member is any child or adult living with you): All applicants should complete this part. List the name of each household member, the name of the school each child attends, and the child's grade. If the child is a foster child, check the box for foster child. If a household member has no income, check the box for no income. All household members, including foster children, should be included here. If you need additional space, attach a separate piece of paper.

If your child is homeless, a migrant or a runaway, follow these instructions.

Part 2: Check the appropriate category and call Beth Jones 270-298-3249.

Part 3: Skip this part.

Part 4: Sign the form.

If you have foster child(ren) only, follow these instructions. You do not need to fill out a separate form for each foster child in your household. (If there are both foster children and non-foster children in your household, follow the instructions below for All Other Households.)

If all children in the household are marked as foster children in Part 1:

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form.

ALL OTHER HOUSEHOLDS, including WIC households, households with non-foster children and households with both foster children and non-foster children, follow these instructions:

Part 2: Skip this part.

Part 3: Follow these instructions to report total household income from this month or last month.

- **Section 1—Name:** List all household members who have income.
- **Section 2—Gross Income and How Often It Was Received:** List the income for each household member. Check the box to tell us how often the person receives the income—weekly, every other week, twice a month, or monthly.
 - **Earnings from work:** List the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. Net income should only be reported for self-owned business, farm, or rental income.
 - **Welfare, Child Support, Alimony:** List the amount each person receives, and check the box to tell us how often.
 - **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits.** List the amount each person receives, and check the box to tell us how often they receive it.
 - **All Other Income:** List Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received weekly, every other week, twice a month, or monthly. **Do not include income from KTAP, SNAP, WIC, federal education benefits and foster payments received by your family from the placing agency.**
 - If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 4: An adult household member must sign the form. Please include your address and phone number in the event the FRAM Coordinator has a question about your information.

HOUSEHOLD AND INCOME FORM

Ohio County School District is participating in the Community Eligibility Provision (CEP) under the National School Lunch Program. Under CEP, **ALL** children in the school will receive a breakfast/lunch at no charge regardless of income or completion of this form. However, to determine your child(ren)'s eligibility for various additional state and federal program benefits, please complete, sign and return to school a **single application per household**.

PART 1. ALL HOUSEHOLD MEMBERS

Names of ALL people living in your household (First, Middle Initial, Last)	School the child attends, or Indicate "NA" if household member is not in school	Grade Level	Check if a foster child (legal responsibility of the state welfare agency or court). If all children listed below are foster children, skip to Part 5 to sign this form.
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

PART 2. HOMELESS, MIGRANT, RUNAWAY STATUS

If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call 270-298-3249.

HOMELESS MIGRANT RUNAWAY

PART 3. TOTAL HOUSEHOLD GROSS INCOME (before deductions). List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once. If you provided a case number in Part 2, you do **not** need to provide income information. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

DECLINE TO PROVIDE INCOME - Check this box if you don't wish to provide your income information; your SES status will automatically be "Paid".

1. NAME (List only household members with income, including any students in the home who have income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED														
	Earnings from work before deductions	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Public assistance, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits, All Other Income	Weekly	Every 2 Weeks	Twice Monthly	Monthly
<i>(Example) Jane Smith</i>	\$200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 4. SIGNATURE (ADULT HOUSEHOLD MEMBER MUST SIGN)

I certify (promise) that all information on this form is true and that all income is reported. I understand that the school will get state and federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my child(ren) may lose benefits.

Sign here: _____ Print name: _____ Date: _____
 Address: _____ City: _____ State: _____ Zip Code: _____ Phone
 Number: _____ Cell Phone Number: _____

Non Discrimination Statement: In accordance with Federal Law and U.S. Department of Education policy, this Institution is prohibited from discriminating on the basis of race, color, national origin, sex, gender identity, age, or disability. To file a complaint of discrimination, write U.S. Department of Education, Office for Civil Rights, The Wanamaker Building, 100 Penn Square East, Suite 515, Philadelphia, PA 19107-3323 or call (215) 656-8541 (Voice). Individuals who are hearing impaired or have speech disabilities may contact U.S. DOE through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). The U.S. Department of Education is an equal opportunity provider and employer.

Privacy Notice

The Kentucky Department of Education is requiring schools to collect the information on this form. You do not have to give this information, but if you do not, we cannot determine your child's eligibility for additional benefits under state and federal programs. We will hold the information you provide us as private and confidential to the extent required by law. However, we will share your socioeconomic status with various state and federal programs to help them evaluate, fund, or determine benefits for their programs, with auditors for program reviews, and with law enforcement officials to help them look into violations of program rules. Regardless, all students enrolled in a Community Eligibility Provision school will receive meals at no charge.

HOUSEHOLD CHECKLIST

- Have you included all your children as household members?
- For each household member receiving income, is the frequency checkbox checked?
- Have you signed the form?

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY

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

Total Income: _____ Per: Week Every 2 Weeks Twice A Month Month Year Household size: _____

Categorical Eligibility: _____ SES Code: Free _____ Reduced _____ Paid _____

FRAM Coordinator: _____ Date: _____