

OZARK MOUNTAIN SCHOOL DISTRICT

Phone: (870)427-5227

Bruno-Pyatt Enrollment Form

Fax: (870)427-5255

GENERAL STUDENT INFORMATION

FIRST NAME:	MIDDLE NAME:	LAST NAME:
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Birthdate: _____

Gender: Female Male

Nickname: _____

Grade: _____

SSN (Optional): _____

Hispanic/Latino Ethnicity: Yes No

RACE Please answer the following in accordance with standards issued by the US Department of Education.

PRIMARY RACE (Please select only **ONE**).

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

ADDITIONAL RACES (check all that apply):

American Indian/Alaska Native
 Asian
 Black
 Native Hawaiian/Other Pacific Islander
 White

Language Spoken At Home: _____ Student Email Address: _____

Student Physical/911 Address	Student Mailing Address
Address: _____	<input type="checkbox"/> Mailing Address is same as Physical/911 Address
City: _____	Address: _____
State: _____ Zip Code: _____	City: _____
	State: _____ Zip Code: _____

Student Home Phone: _____ Student Cell Phone: _____

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian 1	Parent/Guardian 2
Name: _____	Name: _____
Relationship to Student: _____	Relationship to Student: _____
Language of Correspondence: _____	Language of Correspondence: _____
Mailing Address: _____	Mailing Address: _____
City: _____	City: _____
State: _____ Zip Code: _____	State: _____ Zip Code: _____
Email: _____	Email: _____
Home Phone: _____ Cell Phone: _____	Home Phone: _____ Cell Phone: _____
Work Phone: _____ *Alert Phone: _____	Work Phone: _____ *Alert Phone: _____
*Alert Phone is used by the district's automated phone message system.	*Alert Phone is used by the district's automated phone message system.
Employer: _____	Employer: _____
<input type="checkbox"/> Student Primarily Resides with this Guardian.	<input type="checkbox"/> Student Primarily Resides with this Guardian.

OFFICE USE ONLY

Entry Date: _____	Meal ST: _____	ESL: _____	IMMG: _____	Residency: _____
Entry Code: _____	M/V Act: _____	SP: _____	GT: _____	Choice LEA: _____
_____	_____	MTC: _____	Homeroom: _____	P/T ADM %: _____

ADDITIONAL STUDENT INFORMATION

City of Birth: _____ State of Birth: _____ Birth Country: _____

TRAVEL INFORMATION

Travel To School (Please check one)	Travel From School (Please check one)
<input type="checkbox"/> Bus (Bus Number _____)	<input type="checkbox"/> Bus (Bus Number _____)
<input type="checkbox"/> Drives Self	<input type="checkbox"/> Drives Self
<input type="checkbox"/> Parent/Guardian (includes walkers, child care vans, etc.)	<input type="checkbox"/> Parent/Guardian (includes walkers, child care vans, etc.)
<input type="checkbox"/> District Paid Transportation	<input type="checkbox"/> District Paid Transportation
Distance From Home to School (Miles) One Way: _____	

Pre-School Participation:

A - ARKANSAS BETTER CHANCE	H - HEADSTART	O - OTHER
E - EVEN START	NA - NOT APPLICABLE	P - PRIVATE PRE-SCHOOL
EC - EARLY CHILDHOOD	C - 21st CENTURY COMMUNITY LEARNING CENTER	PS - PUBLIC SCHOOL PRE-SCHOOL

Birth Certificate #: _____ Resident County: _____

Is this child a dependent of an active or reserve member of a branch of the United States Armed Services? Yes No

If this child resides in a household with an active or reserve member of a branch of the United States Armed Services, please select the branch below.

<input type="checkbox"/> Active Duty – US Army	<input type="checkbox"/> Active Duty – US Air Force	<input type="checkbox"/> Active Duty – US Navy	<input type="checkbox"/> Active Duty – US Marines
<input type="checkbox"/> Active Duty – US Coast Guard	<input type="checkbox"/> Reserves – US Army	<input type="checkbox"/> Reserves – US Air Force	<input type="checkbox"/> Reserves – US Navy
<input type="checkbox"/> Reserves – US Marines	<input type="checkbox"/> National Guard – US Army	<input type="checkbox"/> National Guard – US Air Force	<input type="checkbox"/> Parents serve in multiple branches

Is this student a twin (or a triplet, quadruplet, etc.)? Yes No

ADDITIONAL CONTACT INFORMATION

Additional Guardian Contact

Name: _____	Email: _____
Relationship to Student: _____	Home Phone: _____ Cell Phone: _____
Language of Correspondence: _____	Work Phone: _____ *Alert Phone: _____
Mailing Address: _____	*Alert Phone is used by the district's automated phone message system.
City: _____	Employer: _____
State: _____ Zip Code: _____	<input type="checkbox"/> Student Primarily Resides with this Guardian.

Emergency Information

Emergency Contact Information (Contacts Other Than Guardians to be Called in Case of an Emergency)

Contact Order	Name	Relationship to Child	Phone #	Phone Type (ex: Home, Cell, Work)
1				
2				
3				
4				
5				

Physician: _____ Physician: _____

Physician Phone: _____ Physician Phone: _____

Please list any medical concerns and/or medications for this child: _____

Last School Attended: _____ Phone #: _____

Address: _____

Has this child been expelled from school in any other school district or is the child a party to an expulsion proceeding? Yes No

Has this child been retained? Yes No

Has this child met the requirements of the Arkansas State Health laws necessary to enter school? Yes No

Please list the names of anyone who IS ALLOWED to check out/pick up this child from school: _____

*Student Enrollment Sheet
(cont)*

Student Name: _____ Grade _____

Please list all members of student's household and relationship to student: Attach List if needed

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

List names and Grades(if applicable) of Siblings: _____

Medical Information:

Medicaid Number _____

Insurance Company _____

Policy Number _____

I, the undersigned, do hereby authorize officials of the Ozark Mountain School District to contact directly the persons named on this sheet and do authorize the named physician(s) to render such treatment as may be deemed necessary in an emergency for officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

If your child needs immediate medical attention, would you want the school to transport your child to a physician/hospital for emergency medical treatment (NOTE: you will be responsible for any cost incurred.)

_____ Yes _____ No

BUS INFORMATION

Emergency Bus Plan: In case of severe weather or emergencies, and students are unable to call home and you may be unable to call the school. Please complete the following information so that we will know where your child is to go.

Please Mark ONE. _____ my child should ride his/her bus home or _____ my child should ride bus # _____ to _____ . If any changes are to be made to any information on this form, the legal guardian must notify the school in writing.

Directions to House _____

To my knowledge all of the above information is correct

Parent/Guardian Signature

HEALTH CARD (please answer all questions)

SCHOOL YEAR: _____

Name: _____ M F Teacher: _____ Grade: _____
(Last) (First) (MI)

Social Security Number: _____ Date of Birth: _____ Medicaid or AR Kids #: _____

Address: _____

Parent/Guardian Name(s): _____ Home Phone Number: _____

Father's Employer: _____ Phone: _____ Cell #: _____

Mother's Employer: _____ Phone: _____ Cell#: _____

Authorized Emergency Contact: _____ Phone: _____ Relationship: _____

Authorized Emergency Contact: _____ Phone: _____ Relationship: _____

Physician's Name: _____ Phone: _____ Do you have health insurance? YES NO

Does your child ride a bus? YES NO

Does student have a current medical diagnosis of any of the following conditions? Check all that apply

- ASTHMA ADD/ADHD WEAR CONTACTS/GLASSES
- DIABETES BLOOD DISORDER HEARING LOSS RIGHT LEFT HEARING AID
- HEART CONDITION CEREBRAL PALSY ALLERGIC TO MEDICATION (specify): _____
- SEIZURES KIDNEY DISORDER OTHER (specify): _____
- SEVERE OR LIFE-THREATENING ALLERGY TO NUTS, LATEX, OR STINGS (specify): _____

What medication(s) is your child currently taking? _____

Do you authorize the use of CalaGel, Hydrogen Peroxide, Hydrocortisone Cream, Triple Antibiotic Ointment, First Aid Spray, Aloe Vera, Tums, or Cough Drops if needed?

YES NO (Please mark through any medication you may not want your child to receive)

I acknowledge that the Bruno-Pyatt School, the Board of Directors, and School Employees shall be immune from civil liability for damages resulting from the administration of medications in accordance with this consent.

I will notify the school of any change in address, phone number, emergency contact or my child's health status. I understand that the above information may be released to appropriate School District employees and emergency personnel in order to facilitate health care for my child. I also understand that in the event of an emergency, EMS will treat and transport my child to the nearest hospital. The hospital and its medical staff have my authorization to provide treatment that a physician deems necessary for the well-being of my child.

In compliance with the Family Education Rights and Privacy Act (FERPA) (20U.S.C. & 1232g; 34 CFR Part 99), I give permission for my child's personally identifiable information/student education records to be disclosed to ISEP for the purpose of billing Medicaid and/or private insurance.

In compliance with the Family Education Right to Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) I give permission for my child to participate in the School Immunization Clinic. I understand that the appropriate Arkansas Department of Health consent forms will be provided for my consideration prior to the clinic.

Date: _____ Signature of Parent/Guardian: _____



Arkansas Department of Education (ADE)
Home Language Usage Survey

The Home Language Usage Survey is completed by *all* students initially enrolling in Arkansas school

Student Name:		Grade:	Date:
School:	Student State ID #:	Gender:	Date of Birth:
Parent/Guardian Name:		Parent/Guardian Signature:	
<p>Right to Translation and Interpretation Services Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.</p>	<p>All parents have the right to information about their child's education in a language they understand.</p> <p>1. a) In what language do you prefer to receive written communication from the school? _____</p> <p>b) In what language would you prefer to communicate with school staff when speaking? _____</p>		
<p>Eligibility for Language Development Support Information about the student's language usage helps us identify students who may qualify for extended support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>	<p>2. What language(s) is (are) spoken in your home? _____</p> <p>3. What language did your child learn first? _____</p> <p>4. What language does your child use most often at home? _____</p> <p>5. What language does your family speak most often at home? _____</p> <p>6. What language do adults speak most often with each other at home? _____</p>		
<p>Prior Education Your responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school. <i>This form is not used to identify students' immigration status.</i></p>	<p>7. Where was your child born? _____</p> <p>8. When did your child first attend a school in the United States (this includes all US territories)? (Kindergarten – 12th grade) _____ Month Day Year</p>		

Thank you for providing the information needed on the Home Language Survey. Contact your child's school if you have further questions about this form or about services available at your child's school.



Note to district: This form is available in multiple languages on <http://www.arkansased.gov/divisions/learning-services/english-learners>. A response that includes a language other than English to questions #1-6 indicates English language proficiency screening is needed.

This work, "Arkansas Department of Education (ADE), Home Language Survey", is a derivative of "OSPI Home Language Survey" by OSPI, used under [CC BY-NC-SA](#). "Arkansas Department of Education (ADE), Home Language Survey" is licensed under [CC BY-NC-SA](#) by the English Learners Unit of the Arkansas Department of Education.

Ozark Mountain School District
Bruno-Pyatt School
4754 Hwy. 125 S.
Everton, AR 72633

PARENT/GUARDIAN VOLUNTEER INTEREST SURVEY
2018-2019

Note to Parents/Guardians: This survey is being distributed to the parents/guardians of Bruno-Pyatt School students as per the requirement of ACT 603 of 2003. Data collected from this survey will be utilized by the school for compiling a DIRECTORY OF VOLUNTEER RESOURCE PERSONNEL. The DIRECTORY will serve as a means for matching school needs with volunteer interests and will assist in making volunteer work as meaningful as possible.

If you choose to offer your services as a volunteer, please complete this survey and return it to your child's principal or email to: kgilley@omsd.k12.ar.us. If you have more than one child in school, you are requested to complete only one survey. If you know of others who would like to volunteer during the school year, please have them call the school's principal.

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

Address: _____

Telephone Number _____

E-mail address _____

Areas of Volunteer Interest

- | | |
|--|--|
| <input type="checkbox"/> Read to/with students | <input type="checkbox"/> Help prepare classroom materials |
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Monday folder preparation |
| <input type="checkbox"/> Family Night <i>Committee</i> | <input type="checkbox"/> Bulletin board preparation |
| <input type="checkbox"/> Parent Center | <input type="checkbox"/> Library volunteer/Book Fair |
| <input type="checkbox"/> Laminating/cutting | <input type="checkbox"/> Serve on School Improvement committee |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Label books for Elem. Classes |
| <input type="checkbox"/> Parent Involvement Committee | |
| <input type="checkbox"/> Other (please specify) _____ | |

Grade Level(s) in which you desire to volunteer your services? _____

Are you available to do volunteer work in your own home? _____

How frequently will you be able to provide volunteer services?

Weekly Twice Weekly Monthly Twice Monthly

Other (please specify) _____

When are you available to provide volunteer services? _____

May the school include your name, telephone number and interest area in its Directory of Volunteer Resource Personnel? _____

Ozark Mountain School District Calendar 2018-19

August 7-9 Professional Development Days-Required

August 6 & 10 Contract day/Curriculum-Required

August 13 First Day of School

September 3 Labor Day – **No School**

September 20 Parent Teacher Conferences

September 21 Flex Day – **No School**

October 16 End of 1st Quarter (45 days)

October 19 Fall Break – **No School**

November 21-23 Thanksgiving Break – **No School**

December 19 End of 2nd Quarter (42 days)

December 20-21 Flex days – **No School**

December 24-31 Christmas Break –**No School**

January 1 Flex Day –**No School**

January 2 School Resumes

February 7 Parent Teacher Conferences

February 8 Flex Day/In-service/ **No School**/possible snow make up

March 8 End of 3rd Quarter (47 days)

March 18-22 Spring Break

April 19 Good Friday – **No School**

May 11 Graduation BP 12:00 SJ 2:00 WG 4:00

May 17 Last Day of School- End of 4th Quarter (44 days)

May 20-23 Possible Snow make up days

OZARK MOUNTAIN SCHOOL DISTRICT

Jayme Jones, Superintendent 870-439-2218

Bruno Pyatt, St. Joe and Western Grove Schools

250 S. Hwy 65

St. Joe, Arkansas 72675

July 13, 2017

Dear Parent/Guardian:

Attached is a meal application for school year 2017 - 2018. **These need to be returned to the school as soon as possible.** You only need to return one per household, not one per child. Please be sure to fill in all items required using a pen and printing clearly. We need all the people in the household listed so that our calculations will be correct. The applications will also be available on the school website and may be resubmitted at any time throughout the year. The website is <http://ozarkmountainschooldistrict.com> or you can contact your school campus for a new application.

Ozark Mountain School district will again use our National School Lunch Act funds to pay the reduced priced meals for students who qualify for reduced meals. So please get your lunch application in as soon as possible.

Meal payment reminders are sent out at least once a week. Please be sure to look for them. They will tell you how much is on your child's account. If you see parenthesis (\$) around the amount, then that means your child owes a balance, and we ask that you send money as soon as possible. Ozark Mountain School District has a charge policy of \$10.00. Due to federal regulations, this policy must be enforced. Please keep your child's account current.

Ozark Mountain School District is using a point of sale system that allows families to be put on one family account. This is an advantage in that you only need to send money for the one account, not money for each child. If you do not want your children to be on the same account, please contact me and we will set them on individual accounts.

Payments may be made at any time throughout the day. However, we would recommend that they are made first thing in the morning. That allows us time to put the money in the computer without having to stop during serving time to credit accounts. You may pay as far in advance as you wish. In fact, this is encouraged. Also attached is a sheet that will give you an idea of what the charge is to your child per week, month and year for meals.

Ozark Mountain School District encourages parents to come in and visit with their children at meal time, so please feel free to come in and have a bite with your

child. Adult meal prices are \$1.50 for breakfast and \$3.00 for lunch. Milk is \$0.35. We would love to have you.

If your child brings a lunch to school and is wanting a carton of milk to go with their lunch, they may do so. The milk price is \$0.35 a carton. Also, energy drinks are prohibited. Please do not allow your child to bring one to school.

If your child has any allergies or issues with food that we will need to accommodate, you will need to get a Special Dietary Needs Form completed by their doctor and returned to the school before we can make any provisions for them. These forms are available at each campus or you may contact me and I will provide one for you.

If you have any questions, please contact me at 870-439-2218 ext. 506 or at 870-577-4946. You may also email me at drturney@omsd.k12.ar.us and I will get back to you as soon as possible.

Sincerely,

Denise Turney,
Child Nutrition Director,
Ozark Mountain School District

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](#), (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 <<mailto:program.intake@usda.gov>> .

This institution is an equal opportunity provider.

Full Priced Meals K – 6 Grade

Breakfast	\$ 1.10
Lunch	\$ 1.65
Daily Total	\$ 2.75
Weekly Total	\$ 13.75
Monthly Total	\$ 55.00 (20 days within the month)
Yearly Total	\$489.50

Full Priced Meals 7 – 12 Grade

Breakfast	\$ 1.10
Lunch	\$ 1.90
Daily Total	\$3.00
Weekly Total	\$ 15.00
Monthly Total	\$ 60.00 (20 days within the month)
Yearly Total	\$ 534.00

- Please note that each month has a different number of days, so that amount will vary depending on the month.
- Reduced meals will be paid using the National School Lunch Act funds for those who qualify.

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 Ozark Mountain School District. 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 Angie Barnes, 870-429-5219, abarnes@omsd.k12.ar.us; Robin Holder, 870-439-2213, rholder@omsd.k12.ar.us; Mary Jones, 870-427-5227, mjones@omsd.k12.ar.us; Denise Turney, 870-439-2218, dturney@omsd.k12.ar.us.

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 Ozark Mountain School District, regardless of age.

<p>A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.</p>	<p>B) Is the child a student at Ozark Mountain School District? Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend Ozark Mountain School District if you marked 'Yes,' write the grade level of the student in the 'Grade' column to the right.</p>	<p>C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4. <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>D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and <u>complete all steps of the application.</u></p>		

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP (Supplemental Nutrition Assistance Program)?

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).

<p>A) If no one in your household participates SNAP:</p> <ul style="list-style-type: none"> • Leave STEP 2 blank and go to STEP 3. 	<p>B) If anyone in your household participates in any of the above listed programs:</p> <ul style="list-style-type: none"> • Write a case number or identified for SNAP. You only need to provide one case number. If you participate in SNAP and do not know your case number or identified, contact: Marion County Health Dept. @ 870-449-4058, Searcy County Health Dept. @ 870-448-3153, Newton County Health Dept. @ 870-446-2237. • Go to STEP 4.
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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

- o 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:**
 - o People who live with you but are not supported by your household's income AND do not contribute income to your household.
 - o 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.

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. Print the name of the adult signing the application and that person signs in the box "Signature of adult."

C) Write today's date. In the space provided, write today's date in the box.

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.

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **Ozark Mountain School District** offers healthy meals every school day. Breakfast costs **\$1.10 for all students**; lunch costs **\$1.65 for students in grade K – 6, and \$1.90 for students in grades 7 - 12. Your children may qualify for free meals or for reduced price meals.** Reduced price is **\$0.00** for breakfast and **\$0.00** 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)**, are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits 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 2017-2018			
Household size	Yearly	Monthly	Weekly
1	22,311	1,860	430
2	30,044	2,504	578
3	37,777	3,149	727
4	45,510	3,793	876
5	53,243	4,437	1,024
6	60,976	5,082	1,173
7	68,709	5,726	1,322
8	76,442	6,371	1,471
Each additional person:	7,733	645	149

- 2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?** Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail **Andrea Pendarvis, 870-439-2218, apendarvis@omsd.k12.ar.us** .
- 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 your child's school campus .
- 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 Angie

Barnes, 870-429-5219, abarnes@omsd.k12.ar.us; Robin Holder, 870-439-2213, rholder@omsd.k12.ar.us; Mary Jones, 870-427-5227, mjones@omsd.k12.ar.us; Denise Turney, 870-439-2218, drturney@omsd.k12.ar.us . immediately.

5. **CAN I APPLY ONLINE?** Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit <http://ozarkmountainschooldistrict.com> to begin or to learn more about the online application process. Contact Angie Barnes, 870-429-5219, abarnes@omsd.k12.ar.us; Robin Holder, 870-439-2213, rholder@omsd.k12.ar.us; Mary Jones, 870-427-5227, mjones@omsd.k12.ar.us; Denise Turney, 870-439-2218, drturney@omsd.k12.ar.us 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 **[date]**. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
7. **I GET WIC. CAN MY CHILDREN GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
8. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes. We may also ask you to send written proof of the household income you report.
9. **IF I DON'T QUALIFY NOW, MAY I APPLY LATER?** Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
10. **WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?** You should talk to school officials. You also may ask for a hearing by calling or writing to: **James Jones, 870-439-2218, jjones@omsd.k12.ar.us**.
11. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
12. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime 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 ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY?** List any additional household members on a separate piece of paper, and attach it to your application. Contact **[name, address, phone number, e-mail]** 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 **Supplemental Nutrition Assistance Program (SNAP)**, contact your local assistance office or call **501-682-8276**.

If you have other questions or need help, call Angie Barnes, 870-429-5219, abarnes@omsd.k12.ar.us; Robin Holder, 870-439-2213, rholder@omsd.k12.ar.us; Mary Jones, 870-427-5227, mjones@omsd.k12.ar.us; Denise Turney, 870-439-2218, drturney@omsd.k12.ar.us.

Sincerely,

Denise Turney

Child Nutrition Director

Ozark Mountain School District

250 S. Hwy 65

St. Joe, AR 72675

870-439-2218

INSTRUCTIONS Sources of Income

Sources of Income for Children	
Source of Child Income	Example (s)
Earnings from work	A child has a regular full or parttime job where they earn a regular salary or wages.
Social Security	A child is blind or disabled and receives social security benefits.
<ul style="list-style-type: none"> Disability Payments Survivor's Benefits 	A parent is disabled, retted, or deceased, and their child receives Social Security benefits.
Income from person outside the household	A friend or extended family member regularly give a child spending money.
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust.

Source of Income for Adults		
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/ All Other Income
<ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) If you are in the U.S. Military: <ul style="list-style-type: none"> Basic pay and cash bonuses (do not include combat pay, FSSA or privatized housing allowances) Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from state or local government Alimony payments Child support payments Veteran's benefits Strike benefits 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

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 submit all needed information, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the primary wage earner or other adult household member who signs the application. 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) case number or other SNAP 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.

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

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, (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:

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

fax: (202) 690-7442;
email: program.intake@usda.gov.

Do not fill out For School Use Only

School use only

Total Income: _____

Per: Week Every 2 Weeks Twice a Month Month Year

Household Size: _____ SNAP: _____ Categorically Eligible: _____ Date Withdrawn: _____

Eligibility: Free Reduced Denied

Reason for denial: _____

Annual Income Conversion: show calculations

Weekly _____ X 52= _____

2x/month _____ X 24= _____

Every 2 wks _____ X 26= _____

Monthly _____ X 12= _____

Annual _____ X 1= _____