

OZARK MOUNTAIN SCHOOL DISTRICT

Phone: (870)429-5215

Western Grove School Enrollment Form

Fax: (870)429-5276

GENERAL STUDENT INFORMATION

FIRST NAME:	MIDDLE NAME:	LAST NAME:
-------------	--------------	------------

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

Student Home Phone: _____

Student Cell Phone: _____

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian 1

Parent/Guardian 2

Name: _____

Relationship to Student: _____

Language of Correspondence: _____

Mailing Address: _____

City: _____

State: _____ Zip Code: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ *Alert Phone: _____

*Alert Phone is used by the district's automated phone message system.

Employer: _____

Student Primarily Resides with this Guardian.

Name: _____

Relationship to Student: _____

Language of Correspondence: _____

Mailing Address: _____

City: _____

State: _____ Zip Code: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ *Alert Phone: _____

*Alert Phone is used by the district's automated phone message system.

Employer: _____

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: _____
Curriculum: _____	504: _____	MIG: _____	Homeroom: _____	P/T ADM %: _____

Western Grove School Enrollment Form

ADDITIONAL STUDENT INFORMATION

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

TRAVEL INFORMATION

<p style="text-align: center;">Travel To School (Please check one)</p> <p><input type="checkbox"/> Bus (Bus Number _____)</p> <p><input type="checkbox"/> Drives Self</p> <p><input type="checkbox"/> Parent/Guardian (includes walkers, child care vans, etc.)</p> <p><input type="checkbox"/> District Paid Transportation</p>	<p style="text-align: center;">Travel From School (Please check one)</p> <p><input type="checkbox"/> Bus (Bus Number _____)</p> <p><input type="checkbox"/> Drives Self</p> <p><input type="checkbox"/> Parent/Guardian (includes walkers, child care vans, etc.)</p> <p><input type="checkbox"/> District Paid Transportation</p>
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

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: _____

Parent/Guardian Signature _____

Date _____

**OZARK MOUNTAIN SCHOOL DISTRICT
WESTERN GROVE SCHOOL
MOTOR VEHICLE REGISTRATION**

STUDENT NAME _____

STUDENT ADDRESS _____

DESCRIPTION OF VEHICLE _____

List each vehicle driven to school

LIC. NO. MAKE COLOR YEAR

LIC. NO. MAKE COLOR YEAR

LIC. NO. MAKE COLOR YEAR

LIC. NO. MAKE COLOR YEAR

**WE NEED TO MAKE A COPY OF THE STUDENT'S DRIVER'S LICENSE,
VEHICLE REGISTRATION AND A COPY OF INSURANCE ON EACH
VEHICLE NAMED ABOVE.**

**PARKING PERMITS WILL COST \$2.00. THE \$2.00 DEPOSIT WILL BE
RETURNED WHEN THE PARKING PERMIT IS RETURNED TO THE OFFICE
AT THE END OF THE SCHOOL YEAR. ALL STUDENTS ARE REQUIRED TO
PARK IN THE STUDENT PARKING AREA.**

I GIVE MY PERMISSION FOR MY CHILD TO DRIVE TO SCHOOL.

Parent or Guardian

Student



**Arkansas Department of Education (ADE)
Home Language Usage Survey**

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

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.

McKinney-Vento Act

School _____

Student's Name _____ Grade _____ Teacher _____

Dear Parent or Guardian,
This questionnaire is **mandated** in order to address the McKinney-Vento Act. Your answers will help the school determine residency documents necessary for enrollment.

You must check one answer in either A or B

Presently, the student is living:

Section A	Section B
<input type="checkbox"/> in a shelter (refuge) <input type="checkbox"/> in a motel, car or campsite <input type="checkbox"/> with friends, or family members, other than parent or guardian <input type="checkbox"/> my family lives with another family, and the house or apartment belongs to them, or they signed the lease.	<input type="checkbox"/> all choices in section A do not apply to my child.

If you checked section A, complete the rest of this form

The student lives with:
 1 parent
 2 parents
 1 parent & another adult
 a relative, friend or other adult
 alone with no adult

Name of student _____ Male _____ Female _____

Birth Date _____ Age _____ Social Security # _____

Name of Parent or Legal Guardian _____

Address _____ Phone _____

Signature of Parent or Guardian _____ Date _____

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

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."	Child's First Name	MI	Child's Last Name	Name of School	Grade	Student? Yes No	Foster Child	Homeless, Migrant, Runaway
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								

STEP 2

Do any Household Members (including you) currently participate in the following assistance program: Supplemental Nutrition Assistance Program (SNAP)?

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

Case Number or Identifier: _____

STEP 3

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

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.

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)	Child Income			How often?			Public Assistance / Child Support/Alimony	How often?			Pensions/Retirement/ All Other Income	How often?				
	Weekly	Bi-Weekly	2x Month	Weekly	Bi-Weekly	2x Month		Monthly	Weekly	Bi-Weekly		2x Month	Monthly	Weekly	Bi-Weekly	2x Month

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.

Disclosure (Optional)

I do not want school officials to share information from my free and reduced price meal application with Medicaid or the State Children's Health Insurance Program (ArKids 1st).

STEP 4

Contact Information and adult signature

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 _____

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

INSTRUCTIONS Sources of Income

Source of Child Income	Example (s)
Earnings from work	A child has a regular full or part-time 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, retired, 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; 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 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:

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.

This institution is an equal opportunity provider.

Do not fill out For School Use Only

School use only

Total Income: _____

Par: Week Every 2 Weeks Twice a Month Month Year

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

Eligibility: Free Reduced Denied

Reason for denial: _____

Determining Official's Signature: _____ Determination Date: _____

Annual Income Conversion: show calculations

Weekly _____ X 52 = _____

2x/month _____ X 24 = _____

Every 2 wks _____ X 26 = _____

Monthly _____ X 12 = _____

Annual _____ X 1 = _____

OZARK MOUNTAIN SCHOOL DISTRICT- WHERE YOUR CHILD IS MORE THAN A STUDENT

NATIONAL SCHOOL LUNCH PROGRAM

The National School Lunch Program is a federally assisted meal program operating in public schools that provides nutritionally balanced, low-cost or free lunches to children each day.

NSL FUNDING TRENDS

OMSD's funding rate is based on the district's percentage of students eligible for the free or reduced- priced lunch program in the previous year.

WHAT CAN PARENTS AND STUDENTS DO?

Funding is based on ELIGIBILITY- not the number of students who take advantage of the NSL program. Even if you don't think you qualify, please fill out your form and turn it in. Please fill it out even if you don't choose to eat school lunches.

NSL funding is distributed to school districts based on the concentrations of poverty in their student populations.

HOW DOES OZARK MOUNTAIN SCHOOL DISTRICT SPEND NSL FUNDS?

- Licensed school counselor
- Instructional Leaders
- Reading Specialist
- School Nurse
- Technology in the classroom
- Curriculum specialist
- Materials and supplies for classrooms

HOW DO WE LOSE FUNDS?

If OMSD falls below the 70% - 90% free/reduced category, our funds will be cut dramatically. It is important that you fill your form out and return it to school.

If you have questions regarding your form please contact Denise Turney, Child Nutrition Director at 870-577-4946 or drturney@omsd.k12.ar.us.



250 South Highway 65
Saint Joe, AR 72675
Phone: (870) 439-2218
Fax: (870) 439-2604

July 11, 2018

Dear Parent/Guardian:

Attached is a meal application for school year 2018 - 2019. **These need to be returned to the school as soon as possible.** You only need to return one per household, not one per child, even if you have students going to different schools within our district. 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.

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, audiotope, 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. 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. 2. fax: (202) 690-7442; or
3. 3. email: program.intake@usda.gov <<mailto:program.intake@usda.gov>> .

This institution is an equal opportunity provider.

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; lunch costs \$1.65 for elementary, \$1.90 for high school. **Your children may qualify for free meals or for reduced price meals.** Reduced price is at no charge to the students. 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 2018-2019			
Household size	Yearly	Monthly	Weekly
1	22,459	1,872	432
2	30,451	2,538	586
3	38,443	3,204	740
4	46,435	3,870	893
5	54,427	4,536	1,047
6	62,419	5,202	1,201
7	70,411	5,868	1,355
8	78,403	6,534	1,508
Each additional person:	7,992	666	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 haven't been told your children will get free meals, please call or e-mail Andrea Pendarvis, apendarvis@omsd.k12.ar.us, 870-439-2213.

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: Mary Jones at Bruno-Pyatt, mjones@omsd.k12.ar.us, 870-427-5227; Robin Holder at St. Joe, rholder@omsd.k12.ar.us, 870-439-2213; Angie Barnes at Western Grove, abarnes@omsd.k12.ar.us, 870-429-5215.
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 Mary Jones at Bruno-Pyatt, mjones@omsd.k12.ar.us, 870-427-5227; Robin Holder at St. Joe, rholder@omsd.k12.ar.us, 870-439-2213; Angie Barnes at Western Grove, abarnes@omsd.k12.ar.us, 870-429-5215. immediately.
5. CAN I APPLY ONLINE? No. However, you can go to the Ozark Mountain School District website and pull up the Meal Application Form. Download the form to your desktop, fill it out, sign it, and send it to your child's school. Contact Denise Turney, drturney@omsd.k12.ar.us, 870-439-2218 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 September 24, 2018. 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: Denise Turney, drturney@omsd.k12.ar.us, 870-439-2218.
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 Mary Jones at Bruno-Pyatt, mjones@omsd.k12.ar.us, 870-427-5227; Robin Holder at St. Joe, rholder@omsd.k12.ar.us, 870-439-2213; Angie Barnes at Western Grove, abarnes@omsd.k12.ar.us, 870-429-5215 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**.
17. If you have other questions or need help, call Mary Jones at Bruno-Pyatt, mjones@omsd.k12.ar.us, 870-427-5227; Robin Holder at St. Joe, rholder@omsd.k12.ar.us, 870-439-2213; Angie Barnes at Western Grove, abarnes@omsd.k12.ar.us, 870-429-5215; Denise Turney, drturney@omsd.k12.ar.us, 870-439-2218.

Sincerely,

Denise Turney

CN Director

Ozark Mountain School District

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 **Denise Turney**, dturney@omsd.k12.ar.us, 870-439-2218.

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>PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.</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: Department of Human Services, Marion County at 870-449-4058; Searcy County at 870-448-3153; Newton County at 870-446-2237. ● Go to STEP 4.
--	---

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.

<p>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).” <u>Do not list any household members you listed in STEP 1.</u> If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.</p>	<p>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. <i>What if I am self-employed?</i> 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.</p>	<p>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. <u>Do not report the cash value of any public assistance benefits NOT listed on the chart.</u> 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.</p>
<p>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.</p>	<p>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.</p>	<p>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.”</p>

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 you 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.

Ozark Mountain School District
Western Grove School
300 School Street
Western Grove, AR 72685



PARENT/GUARDIAN VOLUNTEER INTEREST SURVEY
2018-2019

This survey is being distributed to the parents/guardians of Western Grove 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 means for matching school needs with volunteer interest 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 you child's principal. 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 principal.

Name(s) of Parent(s)/Guardian(s) _____
Address _____
Telephone Number _____
E-mail Address _____

Areas of Volunteer Interest:

_____ Bulletin Boards	_____ Monday Folder Preparation
_____ Work with students	_____ Label Books and/or Library Work
_____ Parent Involvement Committees	_____ Carpentry
_____ Laminating/Cutting	_____ Other

Grade Level(s) in which you desire to volunteer: _____
Are you available to do volunteer work from your home? _____
How frequently will you be able to provide volunteer services? _____
What time(s) 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? _____

HANDBOOK SIGNATURE FORM

Act 104 of 1983 requires that parents and students have received and had the opportunity to review the rules and regulations by which a school is governed, and be made aware of behavior that requires disciplinary action and the type of corrective actions that will be imposed. After reading the handbook, the parent/guardian must sign the Handbook Signature Form, tear it out, and return this page to our office.

I have received a copy of the 2018-2019 Ozark Mountain School Handbook. I understand that it is my responsibility to be familiar with the guidelines of the Handbook, the **CHEMICAL SCREENING TEST POLICY**, and to discuss them with my child.

I also acknowledge that I have read and understand the Ozark Mountain School District's **Computer and Internet Use Policy**.

Student Name (Printed) _____ Grade _____

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

OMSD Title I Parent/Teacher Compact

The Ozark Mountain School District's Title I program is established to improve student achievement and comply with state and national educational goals. To assure that these goals are met, a partnership between parents and teachers is essential; therefore, the OMSD Title I programs establishes this compact.

Parents of OMSD Title I students will:

- Ensure that your child attend school on a regular basis
- Provide your child with adequate physical need (i.e. clothing, rest)
- Be involved in the student's learning process (i.e. ensure completed assignments, encourage reading and learning at home)
- Communicate on a regular basis with school personnel (i.e. attend parent/teacher conferences, scheduled meetings, written communication, telephone calls)

Title I teachers and employees will:

- Conduct with parents an annual review of the Title I program
- Provide high quality instruction compliant with state and national performance standards from trained staff members in an effective learning environment
- Send frequent reports of student's progress to parents (i.e. report cards, test results, progress reports)
- Provide opportunities for parents to volunteer and participate in classroom activities

Parents, please sign this document to indicate that you are in agreement with the conditions of this compact.

Parental Signature _____

Date _____

Student Name _____

Grade _____

Ozark Mountain School District

(Form A)

Student Chemical Screening Program

Check one of the following:

— I consent for my child to participate in the random chemical screening policy with OMSD schools for the entirety of the 2018-2019 school year.

__ I do not give my consent for my child to participate in the random chemical screening policy with OMSD schools. As indicated by my signature below, I understand failure to participate in the chemical screening policy eliminates my child from participation in extra-curricular activities.

Student Name (print)

Student Signature

Parent Signature

Date

Grade

If you have any questions, please call the school office.

Return this form to the office within two weeks of receipt.