

OZARK MOUNTAIN SCHOOL DISTRICT

Phone: (870)439-2213

St. Joe School Enrollment Form

Fax: (870)439-2209

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

St. Joe School Enrollment Form
ADDITIONAL STUDENT INFORMATION

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

TRAVEL INFORMATION

<p 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 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

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: _____

Parent/Guardian Signature _____

Date _____

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 **ALLERGY TO MEDICATION/FOODS:** _____
- 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 **Calamine Lotion, Ibuprofen, Tylenol, Hydrogen Peroxide, Hydrocortisone/Anti-itch Cream, Triple Antibiotic Ointment, Aloe Vera, Tums, Vicks Salve, Benadryl, Orajel, Lotion/Vaseline, Carmex/Chap stick, Eye Drops/Wash, Liquid Simethicone Drops (for gas), Diet Cranberry Juice, Deodorant, Salt Water Gargle, or Cough Drops** if needed?

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

I acknowledge that the Ozark Mountain School District, 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**

English/October 2017

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.

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

Ozark Mountain School District

St. Joe School

250 Highway 65

St. Joe, AR 72675

PARENT/GUARDIAN VOLUNTEER INTEREST SURVEY

2018-2019

Note to Parents/Guardians: This survey is being distributed to the parents/guardians of St. Joe 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: hknapp@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 principal.

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

Address: _____

Telephone Number _____

E-mail address _____

Areas of Volunteer Interest (Please check any that apply)

_____ Read to/with students

_____ Help prepare classroom materials

_____ Tutoring

_____ Folder preparation

_____ Family Night Committee

_____ Bulletin board preparation

_____ Parent Center

_____ Library volunteer

_____ Laminating/cutting

_____ Label books for Elementary Classes

_____ 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?

The administration of St. Joe School will be administering corporal punishment as of 2018-19 school year. Please indicate below if you will allow corporal punishment to be administered on your child or children. Please fill out this form and return it as promptly as possible to the high school office.

Circle one:

Yes, I will allow corporal punishment to be administered on my child.

No, I will not allow corporal punishment to be administered on my child.

Name of Child or Children:

Signature of Parent or Guardian:

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 dturney@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. 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.

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

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

<p>STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP (Supplemental Nutrition Assistance Program)?</p> <p>A) If no one in your household participates SNAP: Leave STEP 2 blank and go to STEP 3.</p> <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. 			
<p>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>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 complete all steps of the application.</p>		
<p>STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS</p> <p>How do I report my income?</p> <ul style="list-style-type: none"> 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. <ul style="list-style-type: none"> Gross income is the total income received before taxes Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay. Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated. Mark how often each type of income is received using the check boxes to the right of each field. <p>3.A. REPORT INCOME EARNED BY CHILDREN</p> <p>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.</p> <p>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.</p> <p>3.B. REPORT INCOME EARNED BY ADULTS</p> <p>Who should I list here?</p> <ul style="list-style-type: none"> When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and 			

even if they do not receive income of their own.

- **Do NOT include:**
 - People who live with you but are not supported by your household's income AND do not contribute income to your household.
 - Infants, Children and students already listed in **STEP 1**.

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

C) Report earnings from work. Report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

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

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.

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.

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.

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.

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 1 st Quarter (45 days)
October 19	Fall Break – No School
November 21-23	Thanksgiving Break – No School
December 19	End of 2 nd 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 3 rd 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 4 th Quarter (44 days)
May 20-23	Possible Snow make up days