



7403 Cline Ave. • Schererville, Indiana 46375 • 219.322.8614 • Fax 219.864.3178 •
www.campagnaacademy.org

2011-2012 School Year
Student Information Form

Please answer all questions - Applications that are not complete will be returned

Academic, Discipline and Attendance records must be submitted with application

Student Information

Student Name: (first) _____ (middle) _____ (last) _____

Date of Birth: _____ Social Security Number: _____ Sex: M F

Street Address: _____ City/State _____ Zip _____

Home Phone: _____ Parent Cell: _____

Student Email: _____ Parent Email: _____

Who is the **legal** guardian? _____ With whom does the student live? _____

Is there another language spoken at home? _____

What is the student's first language? _____

Siblings attending CACS: _____

Educational Background

Current Grade Level for the **2010-2011** School Year: _____

Expected Grade Level for the **2011-2012** School Year: _____

Is the student currently enrolled in school? **Yes/No**

If not, please explain and include the last date the student was in school: _____

Student Name: _____ D.O.B. _____

Please list all high schools attended:

School Attended: _____ City _____ Grade Level: _____ Year: _____

School Attended: _____ City _____ Grade Level: _____ Year: _____

School Attended: _____ City _____ Grade Level: _____ Year: _____

School Attended: _____ City _____ Grade Level: _____ Year: _____

Has the student ever been tested for or received special education services? **Yes/No** 504 Plan? **Yes/No**

If the special education question was answered '**yes**' when and where were special education services last received? *

School (s) _____ Year (s) of Service: _____

(*Please submit current IEP and Psych Eval or 504 Plan.)

Disciplinary History

Has the student ever received a discipline referral for drugs, weapons, or gang activity? **Yes/No** Which? _____

Explain: _____

Has the student ever received a referral for fighting or threatening behavior? **Yes/No** Which? _____

Explain: _____

Has the student ever been expelled from a school or school corporation? **Yes/No**

Is the student currently expelled or up for expulsion (Title 20)? **Yes/No**

If 'yes,' please detail below the number of expulsions, specific violation (s), year (s) of occurrence, specific offense and the school where it occurred. Failure to disclose discipline history may result in termination of admission. ***CACS will request discipline transcripts from prior schools.***

Reason for applying to Campagna Academy Charter School: _____

Any additional information that the school should be aware of: _____

Student Name: _____ D.O.B. _____

Parent/Guardian/Social Services Contact Information

Mother's Name: (first) _____ (middle) _____ (last) _____

Address: Street _____ City/State _____ Zip _____

Home Phone: _____ Cell: _____ Work: _____

Place of Employment: _____

Email address: _____

Father's Name: (first) _____ (middle) _____ (last) _____

Address: Street _____ City/State _____ Zip _____

Home Phone: _____ Cell: _____ Work: _____

Place of Employment: _____

Email address: _____

Legal Guardian (first) _____ (middle) _____ (last) _____

Address: Street _____ City/State _____ Zip _____

Home Phone: _____ Cell: _____ Work: _____

Place of Employment: _____

Email address: _____

Does the student have a Probation Officer? **Yes/No**

PO's Name: _____ PO's Cell: _____ Office: _____

PO email: _____

Is the student a Ward of Court? **Yes/No**

Does the student have a Case-worker? **Yes/No**

CW's Name: _____ CW's Cell: _____ Office: _____

CW email: _____

Residential and ADTP Students Only

Therapist Name: _____ Cell: _____ Email: _____

Student Name: _____ D.O.B. _____

Emergency, Transportation, Medical Information

Emergency Contact

List three persons (other than parents/guardian) who can be contacted on behalf of your student in an emergency when you cannot be reached.

1. Name: _____ Relationship to Student: _____ Home #: _____ Cell _____

2. Name: _____ Relationship to Student: _____ Home #: _____ Cell _____

3. Name: _____ Relationship to Student: _____ Home #: _____ Cell _____

Transportation Contact

List three persons (other than parents/guardian) who have consent to pick up your student from school. Only persons on this list will be able to transport your child.

1. Name: _____ Relationship to Student: _____ Home #: _____ Cell _____

2. Name: _____ Relationship to Student: _____ Home #: _____ Cell _____

3. Name: _____ Relationship to Student: _____ Home #: _____ Cell _____

Daily Transportation Method

How will your student arrive and depart from school?

___ Transported by parent ___ Car-pool with other CACA student/family

___ Student will drive * (complete Form I-Student Driver)

Medical Information

Is the student allergic to any medications? **Yes/No** If yes, list: _____

Is the student allergic to any foods? **Yes/No** If yes, list: _____

Does the student currently have any medical conditions or concerns? **Yes/No** *(complete Form II-Medical)

If yes, list: _____

Is the student currently taking any medications or need to take medications during school? **Yes/No**

If yes, list: *(complete Form III-Medication Permit)

Who is the students' doctor? Name: _____ Address: _____

Phone #: _____

Student Name: _____ D.O.B. _____

Additional Information

Do you have a computer at home? **Yes/No**

Do you have internet at home? **Yes/No**

If no, do you have access to a computer with internet (i.e. friends house, other family members, library, etc) **Yes/No**

Please include email addresses for access to school announcements, updates on your child's educational progress and attendance (via PowerSchool), and other important information.

Mother's Email: _____

Father's Email: _____

Legal Guardian's Email: _____

Student's Email: _____

PARENT/GUARDIAN PLEASE SIGN

My signature below indicates that all information provided on this application is true and correct to the best of my abilities. I agree to notify CACS if any information changes.

Parent Printed Name

Date

Parent Signature

****Your application will not be processed until all required documents have been submitted and application is complete.**

FOR ADMINISTRATION USE ONLY

Application was reviewed by: _____ Approved by: _____ Date: _____

Start Date: _____

Day School _____

ADTP _____

Residential _____



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Form II- Medical

2011-2012 School year
CACS STUDENT MEDICAL FORM

Student Name: _____
Student Address: _____
(City and State) _____
Date of Birth: _____

Doctor's Name: _____
Doctor's Address: _____
(City and State) _____

TO BE FILLED OUT BY PHYSICIAN:

Is the student allergic to any medications? Yes/No
If yes, list: _____

Is the student allergic to any foods? Yes/No
If yes, list: _____

Is the student currently taking any medications? Yes/No
If yes, list: _____

Does the student currently have any medical conditions or concerns? Yes/No
If yes, list: _____

Physician's Signature

Date



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Form III-Student Medication Permit

Student's Full Name _____ Date of Birth _____

OVER THE COUNTER MEDICATIONS

Name of medication _____

Dosage of Medication _____

Reason for medication _____

Times to be administered at school/frequency _____

Side effects to be expected _____

Over the counter medications must be in the original bottle with the label intact and accompanied by written parental/guardian permission.

I hereby give consent for my child, the above named student, to take the above over the counter medication.

Parent/Guardian Signature _____ **Date** _____

PRESCRIPTION MEDICATIONS

Name of medication _____

Dosage of medication _____

Medical condition/reason for medication _____

Times to be administered at school/frequency _____

Times given at home _____

Other medications given at home _____

Side effects to be expected _____

I hereby give consent for my child, to take the prescribed medication at school directed by the physician.

Parent/Guardian Signature _____ **Date** _____

The above named student requires the prescribed medication at school, to be given only as directed on the original current prescription label on the container.

PHYSICIAN USE ONLY

Physician Signature _____ **Date** _____

Physician Printed Name _____ **Phone** _____



Restoring Hope... Building Dreams

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MEDICAL TRANSPORTATION

Student Name: _____

In the case of a potentially life threatening medical emergency, I hereby give consent for my child _____ to be transported by ambulance to the nearest medical facility. If medical emergency and/or an ambulance are called to transport a student, the parent/guardian of the student is responsible for any cost associated with ambulance transportation and any other incurred medical costs.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Campagna Academy Policy on District-Provided Access to Electronic Information, Services, and Networks

Freedom of expression is an inalienable human right and the foundation for self-government. Freedom of expression encompasses the right to freedom of speech and the corollary right to receive information. Such rights extend to minors as well as adults. Schools facilitate the exercise of these rights by providing access to information regardless of format or technology. In a free and democratic society, access to information is a fundamental right of citizenship.

In making decisions regarding student access to the Internet, the Campagna Academy considers its own stated educational mission, goals, and objectives. Electronic information research skills are now fundamental to preparation of citizens and future employees. Access to the Internet enables students to explore thousands of libraries, databases, bulletin boards, and other resources while exchanging messages with people around the world. The District expects that faculty will blend thoughtful use of the Internet throughout the curriculum and will provide guidance and instruction to students in its use. As much as possible, access from school to Internet resources should be structured in ways which point students to those which have been evaluated prior to use. While students will be able to move beyond those resources to others that have not been previewed by staff, they shall be provided with guidelines and lists of resources particularly suited to learning objectives.

Outside of school, families bear responsibility for the same guidance of Internet use as they exercise with information sources such as television, telephones, radio, movies, and other possibly offensive media.

Students utilizing District-provided Internet access must first have the permission of and must be supervised by the Campagna Academy's professional staff. Students utilizing school-provided Internet access are responsible for good behavior on-line just as they are in a classroom or other area of the school. The same general rules for behavior and communications apply.

The purpose of District-provided Internet access is to facilitate communications in support of research and education. To remain eligible as users, students' use must be in support of and consistent with the educational objectives of the Campagna Academy. Access is a privilege, not a right. Access entails responsibility.

Users should not expect that files stored on school-based computers will always be private. Electronic messages and files stored on school-based computers may be treated like school lockers. Administrators and faculty may review files and messages to maintain system integrity and insure that users are acting responsibly.

The following uses of school-provided Internet access are not permitted:

1. to access, upload, download, or distribute pornographic, obscene, or sexually explicit material;
2. to transmit obscene, abusive, sexually explicit, or threatening language;
3. to violate any local, state, or federal statute;
4. to vandalize, damage, or disable the property of another individual or organization;
5. to access another individual's materials, information, or files without permission; and,

6. To violate copyright or otherwise use the intellectual property of another individual or organization without permission.

Any violation of District policy and rules may result in loss of District-provided access to the Internet. Additional disciplinary action may be determined at the building level in keeping with existing procedures and practices regarding inappropriate language or behavior. When and where applicable, law enforcement agencies may be involved.

The Campagna Academy makes no warranties of any kind, neither expressed nor implied, for the Internet access it is providing. The District will not be responsible for any damages users suffer, including--but not limited to--loss of data resulting from delays or interruptions in service. The District will not be responsible for the accuracy, nature, or quality of information stored on District diskettes, hard drives, or servers; nor for the accuracy, nature, or quality of information gathered through District-provided Internet access. The District will not be responsible for personal property used to access District computers or networks or for District-provided Internet access. The District will not be responsible for unauthorized financial obligations resulting from District-provided access to the Internet.

Parents of students in the Campagna Academy shall be provided with the following information:

1. The Campagna Academy is pleased to offer its student's access to the Internet. The Internet is an electronic highway connecting hundreds of thousands of computers and millions of individual users all over the world. This computer technology will help propel our schools through the communication age by allowing students and staff to access and use resources from distant computers, communicate and collaborate with other individuals and groups around the world, and significantly expand their available information base. The Internet is a tool for life-long learning.
2. Families should be aware that some material accessible via the Internet may contain items that are illegal, defamatory, inaccurate, or potentially offensive to some people. In addition, it is possible to purchase certain goods and services via the Internet which could result in unwanted financial obligations for which a student's parent or guardian would be liable.
3. While the District's intent is to make Internet access available in order to further educational goals and objectives, students may find ways to access other materials as well. Even should the District institute technical methods or systems to regulate students' Internet access, those methods could not guarantee compliance with the District's acceptable use policy. That notwithstanding, the District believes that the benefits to students of access to the Internet exceed any disadvantages. Ultimately, however, parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using media and information sources. Toward that end, the Campagna Academy makes the District's complete Internet policy and procedures available on request for review by all parents, guardians, and other members of the community; and provides parents and guardians the option of requesting for their minor children alternative activities not requiring Internet use.

Students and staff can assist in our efforts to keep the internet available to the Charter School by following these guidelines:

1. Usage of the Campagna Academy computers is a privilege that can be revoked,

- resulting in a loss of use of the most powerful information/research tool on the planet - don't abuse this privilege.
2. Your personal logon password is confidential and known only by you. Usage of any other password other than your own to log on is a violation of the Campagna policies. Protect your password.
 3. Whenever you leave a computer, either log off or lock the computer.
 4. All information downloaded to Campagna Academy computers, no matter what the source, belongs to Campagna Academy. Your information is accessible by staff, and will be perused on a regular basis. Ensure that your information is respectful to all.
 5. Space provided to you on Campagna Academy Servers is meant for school work and projects.
 6. Do not listen to music on the internet, this is called 'STREAMING' and takes a tremendous amount of resources to maintain - this can and will be monitored.
 7. Do not try to download music to Campagna Academy computers - our servers do record these attempts.
 8. Gaming online is a violation of Campagna policies, gaming sites are frequently where the worst Virus's and Spyware are downloaded. Servers record who logs onto what computer, and retain a history file going back 20 days of exactly where you have been on the net.
 9. MySpace has been deemed unfit content by the Dept. Of Education, and is therefore blocked by the school filter. There are new ways found daily to violate this protocol, if you are caught, there will be serious consequences. Other sites of this nature will be added to the filter blocking as discovered. Please note that aside from the legal situation, it is a fact that MySpace is a haven for sexual predators. (Estimated 29 000 known sex offenders use MySpace - the figure for the unknown offenders is astronomical) Be careful where you go and who you speak to.
 10. The Server filters block the obvious, and new sites will be added daily. The obvious are:
 - Pornography and Nudity - Foul Language
 - Violence - Personally Hosted
 - Weapons Websites
 - Drugs - Auction Sites
 - Shopping (E-bay included)
 11. Utilizing a proxy server to circumvent the computer system is a violation of agency policy as well as having legal implications. Keep in mind that should an owner of a Proxy server be prosecuted for whatever reason; all your personal information is recorded on that server and available to the investigating team. There will be serious legal consequences - as noted in various sections above, Servers record who is logged on, which computer, what time and exactly where you have been on the net going back 20 days.
 12. Servers record the name of the person who downloads any data to any machine logged on to the system.

General Guidelines:

1. There is no free music on the internet. Music from Limewire and Winmx etc are illegal, and it is a matter of time before you are caught - the fines are usually in the region of \$4200.00 for a single household. Multiple violations will increase the fine.
2. You may not burn a copy of a CD/DVD for anyone outside of your home.
3. There are no free copies of Microsoft Operating Systems, or Microsoft Office Suite. In fact most Microsoft software must be purchased. Read the End User License

Agreement (EULA) - they are pretty clear about what can and cannot be done with software.

4. If you buy music and download it from iTunes, it has your name and the address of your computer hard coded into the music. Sharing your iTunes is illegal and easy to trace. All newer versions of Microsoft Media Player authenticate to Microsoft when you use them.
5. Going to HACKING sites for information will get you exactly what you are looking for - they will either download a tracking device to your computer, or you will be hacked. These are not places to play around if you are not computer literate.
6. Nothing can ever be erased from a computer hard drive. Within reason and with the necessary software most information can be recovered once it has been deleted - do not download something you will regret later on.

NOTICE: This policy and all its provisions are subordinate to local, state, and federal statutes.



2008-09

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219-322-8614 FAX: 219-322-8436

CAMPAGNA ACADEMY ELECTRONIC INFORMATION POLICY

We have read and understand the Campagna Academy Electronic Information Policy and agree to abide by these guidelines.

_____ Printed Student Name	_____ Student Signature
_____ Date	_____ Date
_____ Printed Parent/Guardian Name	_____ Parent/Guardian Signature
_____ Date	_____ Date



Photo & Statement Release Form

I hereby grant full and unrestricted permission to Campagna Academy, Inc. of Schererville, IN to use my likeness along with any of my statements in any and all Campagna Academy marketing and communications pieces (both internal and external), as well as in any and all other media including (but not limited to) videos, website and print/broadcast. Yes _____ No _____

Name (Print Full Name): _____

CHILD'S OR CHILDREN'S NAME(S): _____

Parent/Guardian Signature: _____

Date: _____

C: Izolda Snarskis, Campagna Academy

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SCHOOL CORPORATION

CORP. NUMBER

APPLICATION FOR FREE OR REDUCED PRICE MEALS AND OTHER BENEFITS

Effective July 1, 2005 - One Application per **Household**

Part 1. Children in school. To apply for free or reduced price meals and other benefits for your child(ren), carefully complete, sign, and return this application to the school. If you need help with this application, please call the school.

NAME OF CHILD (First Name, MI, Last Name)	LIVING WITH PARENT or CARETAKER RELATIVE	BIRTHDATE	SCHOOL	GRADE	TANF or Food Stamps Case # (If you receive both benefits, list the TANF Case #)
	YES - NO				
	YES - NO				
	YES - NO				
	YES - NO				

If ALL above children are Food Stamps or TANF recipients – now skip to Part 5.

Part 2. If the child you are applying for is migrant, homeless, or a runaway, check the appropriate box and call [your school's homeless liaison, migrant coordinator] at [phone #].
 Migrant Homeless Runaway

NAME OF CHILD (First Name, Middle Initial, Last Name)	LIVING WITH PARENT or CARETAKER RELATIVE	BIRTHDATE	SCHOOL	GRADE	TANF or Food Stamps Case # (If you receive both benefits, list the TANF Case #) OR Monthly Personal Use Income (if zero, indicate as such)
	YES - NO				

ALL OTHER HOUSEHOLD TYPES

Part 4. LIST ALL HOUSEHOLD MEMBERS	GROSS (before deductions) HOUSEHOLD INCOME FROM ALL SOURCES																						
	<i>Examples: \$100 / month or \$100 / biweekly or \$100 / weekly</i>																						
	NAME	Earnings from Work Before Deductions	Weekly	Bi-Weekly	Monthly	Annual	Welfare Payments, Child Support, Alimony	Weekly	Bi-Weekly	Monthly	Annual	Pensions, Retirement, Social Security	Weekly	Bi-Weekly	Monthly	Annual	All Other Income Received	Weekly	Bi-Weekly	Monthly	Annual	Check if NO income	
<i>(Example) Jane Smith</i>	\$ 200	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 150	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 50	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 5. SIGNATURE: I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

X _____ - _____ - _____ No Social _____
 Signature Of Adult Household Member Social Security Number Security Number Home Telephone # / Work Telephone #

 Printed Name of Adult Household Member Date Signed Home Address/Apt # Zip Code

Part 6. OTHER BENEFITS – This section does not need to be completed to receive free or reduced price meal benefits.

If your child is a U.S. citizen and currently in grades 6-8, ask your school for information on how to apply for Indiana's Twenty-first Century Scholars program – an early promise program to help prepare and pay for college.

Do you want to receive textbook assistance? <input type="checkbox"/> YES If, YES, SIGN TO THE RIGHT → <input type="checkbox"/> NO	I certify that I am the parent/guardian of the child(ren) for whom application is being made. My signature below authorizes the release of information on this application for textbook assistance. I give up my right of confidentiality for this purpose only. This application information will be shared with the Indiana Family and Social Services Administration pursuant to I.C. 20-33-5-2 and I.C. 12-14-28-2, solely for purposes of complying with 45 C.F.R. PARTS 260 AND 265. X _____ SIGNATURE OF PARENT/GUARDIAN DATE	SCHOOL USE ONLY: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Not Applicable
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This application information may be shared with the Family and Social Services Administration for the purpose of identifying children who may qualify for free or low-cost health insurance under Medicaid or Hoosier Healthwise. If you want the application information shared for this purpose, please sign below. I certify I am the parent/guardian of the child(ren) for whom application is being made. I authorize the release of information for this purpose.

X _____
Signature of Parent/Guardian _____ Date _____

For information about Hoosier Healthwise health insurance, call 1-800-889-9949.

Part 7. RACE AND ETHNICITY: Optional - You are not required to answer this question. No child will be discriminated against because of race, color, sex, national origin, age, or disability.	Mark one or more racial identities: <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Mark one ethnic identity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
	(This section is currently blank in the image)	

Privacy Act Statement: This explains how we will use the information you give us.

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, we cannot approve your child for free or reduced price meals. You must include the social security number of the 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 *SNAP (Supplemental Nutrition Assistance Program) or TANF case number 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.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410* or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

* SNAP: Supplemental Nutrition Assistance Program (formerly the Food Stamp Program with USDA)

FOR SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE

INCOME CONVERSION to ANNUAL:		
WEEKLY INCOME X 52	BI WEEKLY X 26	MONTHLY INCOME X 12

ELIGIBILITY DETERMINATION

Income Eligibility: Total Household Size: _____ Total Income:\$ _____ per: <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Annual
OR Categorical Eligibility: <input type="checkbox"/> Food Stamps <input type="checkbox"/> TANF <input type="checkbox"/> Migrant <input type="checkbox"/> Homeless <input type="checkbox"/> Runaway
Eligibility Determination: <input type="checkbox"/> Approved Free <input type="checkbox"/> Approved Reduced price <input type="checkbox"/> Denied
Reason for Denial: <input type="checkbox"/> Income Too High <input type="checkbox"/> Incomplete Application <input type="checkbox"/> Other(Reason) _____
Temporary: <input type="checkbox"/> Free <input type="checkbox"/> Reduced Time Period: _____ (expires after _____ days)
Signature of Determining Official: _____ Date: _____
Date Withdrawn: _____

VERIFICATION

Confirmation Review Official: _____				
Date Verification Notice Sent: _____ Date Response Due from Households: _____ Date Second Notice Sent (or N/A): _____	Approval Based On: <input type="checkbox"/> Food Stamps / TANF Case Number <input type="checkbox"/> Household Size and Income <input type="checkbox"/> Other _____	Verification Results: <input type="checkbox"/> No Change <input type="checkbox"/> Free to Reduced <input type="checkbox"/> Free to Paid <input type="checkbox"/> Reduced to Free <input type="checkbox"/> Reduced to Paid	Reason for Change: <input type="checkbox"/> Income: _____ <input type="checkbox"/> Household Size: _____ <input type="checkbox"/> Change in Food Stamps /TANF <input type="checkbox"/> Did not respond <input type="checkbox"/> Other: _____	Date Notice of Change Sent: _____ Date Change Made: _____
Date Hearing Requested: _____		Verifying Official's Signature: _____		
Hearing Decision: _____		Date: _____		