

**Blue Eye High School**  
**Student Information Release Form**

P.O. Box 105    658 State Hwy EE  
Blue Eye, Missouri 65611

Ph: 417-779-5331 Fax: 417-779-2151  
DR. DOUG ARNOLD, SUPERINTENDENT  
ROGER CAVENER, HIGH SCHOOL PRINCIPAL

Name of student: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

(I give my permission for the Blue Eye High School to receive medical, discipline, diagnostic, and testing information that is both verbal and written)

**From:**

Name of Previous school: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**For immediate enrollment please release and fax the following:**

- \_\_\_\_\_ Official transcript
- \_\_\_\_\_ Withdrawal grades
- \_\_\_\_\_ Health/Immunization Records and Birth certificate
- \_\_\_\_\_ Discipline records

We also request the release of the following information:

- \_\_\_\_\_ Standardized Test Scores, EOC Scores and ACT/SAT Scores
- \_\_\_\_\_ Special Ed records: IEP & Diagnostic Summary, Psychological reports, etc.
- \_\_\_\_\_ Attendance records (9<sup>th</sup> – 12<sup>th</sup> grade)
- \_\_\_\_\_ Missouri State ID # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

The student will start BEHS on this date: \_\_\_\_\_

This information is requested for the following reason:

- \_\_\_\_\_ Transfer to this district
- \_\_\_\_\_ New enrollment
- \_\_\_\_\_ Hospitalization
- \_\_\_\_\_ Contractual placement
- \_\_\_\_\_ Diagnostic evaluation

PRINCIPAL'S SIGNATURE: \_\_\_\_\_ DATE OF REQUEST: \_\_\_\_\_

**NOTICE OF CONFIDENTIALITY**

The documents accompanying this facsimile transmission containing confidential information belong to the sender which is legally and /or medically privileged. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking of any action on the contents of this facsimile information is strictly prohibited. If you have received this facsimile transmission in error, please immediately notify us by telephone to arrange for return of the documents to us.

APPLICATION FOR ENROLLMENT  
-----BLUE EYE SCHOOL DISTRICT-----  
SCHOOL YEAR 2019-2020

**TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN.**

Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's legal name: \_\_\_\_\_  
(First) (Middle) (Last)

Parent / Guardian's name: \_\_\_\_\_  
With whom does the child reside? \_\_\_\_\_

Mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
911 / Physical address: \_\_\_\_\_

Student's date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female  
Social Security Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Please check the racial or ethnic identity of your child. This data is used in reporting of core data to the state department.  
\_\_\_\_ White \_\_\_\_ Black/AfricanAmer. \_\_\_\_ Hispanic \_\_\_\_ Amer.Indian/AlaskaNative  
\_\_\_\_ Native Hawaiian/Other Pacific Islander \_\_\_\_ Asian \_\_\_\_ Multi-Racial

Select one: Not Military Connected \_\_\_\_ Active Duty \_\_\_\_ National Guard or Reserve \_\_\_\_

Primary language spoken: \_\_\_\_ English \_\_\_\_ Spanish \_\_\_\_ Other ( \_\_\_\_\_ )

Student's CELL #: \_\_\_\_\_ Home #: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Mother's cell #: \_\_\_\_\_ Father's cell#: \_\_\_\_\_

Mother's work#: \_\_\_\_\_ Father's work#: \_\_\_\_\_

Emergency Contact: 1<sup>st</sup> Name: \_\_\_\_\_ ( ) \_\_\_\_\_  
(Please add relationship)

2<sup>nd</sup> Name: \_\_\_\_\_ ( ) \_\_\_\_\_

CHECK HERE

\_\_\_\_ If there are custody issues, the school needs a copy of the appropriate documents. (i.e. court document, custody ruling, etc.)

List names of Siblings: Name & grade (or age)

- (1) \_\_\_\_\_  
(2) \_\_\_\_\_

\_\_\_\_\_  
(Parent /Guardian Signature) (Date)

# APPLICATION FOR ENROLLMENT

## Blue Eye School District

Date \_\_\_\_\_

Grade \_\_\_\_\_

To Be completed by parent or guardian or other person having charge or control of the student, if the student is a minor, or by the student if the student is at least 18 years of age.

1. \_\_\_\_\_  
Student's name (last, first, middle) \_\_\_\_\_ Student's social security number \_\_\_\_\_
2. \_\_\_\_\_  
Student's date of birth \_\_\_\_\_ ( ) \_\_\_\_\_  
Emergency contact/phone number \_\_\_\_\_
3. Does the student currently reside within the boundaries of the school district? \_\_\_\_\_  
yes or no
4. Current address and telephone number of the student, and if located within another school district, identify that district.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
current address \_\_\_\_\_ ( ) \_\_\_\_\_  
current telephone number \_\_\_\_\_
5. Where is your current residence located (physical address)? \_\_\_\_\_  
\_\_\_\_\_
6. How long has the student resided at this address? \_\_\_\_\_
7. If the student is a minor, does the student's parents or court-appointed guardian currently reside within the boundaries of the school district? \_\_\_\_\_  
yes or no
8. Parent's or guardian's name, address and telephone number (include for both parents if living and known, and the school district in which each resides, if within another school district located within Missouri)  
\_\_\_\_\_  
parent one - name (last, first, middle) \_\_\_\_\_ school district \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
parent one address \_\_\_\_\_ ( ) \_\_\_\_\_  
parent one telephone number \_\_\_\_\_  
parent one work telephone number \_\_\_\_\_  
\_\_\_\_\_  
parent two - name (last, first, middle) \_\_\_\_\_ school district \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
parent two address \_\_\_\_\_ ( ) \_\_\_\_\_  
parent one work telephone number \_\_\_\_\_  
(Court appointed guardians must also provide a copy of the court order establishing guardianship.)

9. How long has the parent or guardian lived at this address? \_\_\_\_\_
10. Please check the racial or ethnic identity of your child. This data is used only in reporting of core data to the state.
- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> White                         | <input type="checkbox"/> Black/African American                 | <input type="checkbox"/> Multi-racial |
| <input type="checkbox"/> Asian                         | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |                                       |
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Hispanic                               |                                       |

11. Has the student previously been suspended or expelled from school attendance at any other school in this state or in any other state for an offense in violation of school policies? \_\_\_\_\_ If so, provide details concerning the dates, conduct and previous school imposing the discipline, beginning with the most recent.

_____	_____	expulsion _____	_____
date	school	suspension _____	describe offense
		(check one)	
_____	_____	expulsion _____	_____
date	school	suspension _____	describe offense
		(check one)	
_____	_____	expulsion _____	_____
date	school	suspension _____	describe offense
		(check one)	

12. Has the student ever been convicted of a felony **or** indicted or had an information filed against him/her alleging the commission of a felony for which there has been no final judgment? \_\_\_\_\_  
yes or no

13. Has the student had a petition filed against him/her in juvenile court alleging the commission of an act which if committed by an adult may constitute a felony, for which there has been no final judgment or for which the student has been adjudicated to have committed the offense? \_\_\_\_\_  
yes or no

14. If the answer to question 11 or 12 is yes, list the date, **specific** offense and the jurisdiction in which the conviction occurred or in which the indictment, information or petition was filed.

_____	_____	_____
date	offense	jurisdiction
_____	_____	_____
date	offense	jurisdiction
_____	_____	_____
date	offense	jurisdiction



15. Name and address of all schools attended during the previous twelve-month period, listed in the order most recently attended.

1. \_\_\_\_\_  
school name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

school address

from \_\_\_\_\_ to \_\_\_\_\_  
dates attended (month and year)

2. \_\_\_\_\_  
school name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

school address

from \_\_\_\_\_ to \_\_\_\_\_  
dates attended (month and year)

3. \_\_\_\_\_  
school name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

school address

from \_\_\_\_\_ to \_\_\_\_\_  
dates attended (month and year)

4. \_\_\_\_\_  
school name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

school address

from \_\_\_\_\_ to \_\_\_\_\_  
dates attended (month and year)

16. Does the student have a current I.E.P.? \_\_\_\_\_  
yes or no

**\*\*\*If the answer to questions 3 and 7 are yes, the remaining questions need not be answered.**

**The district may require other proof of residency, such as utility or tax bills.**

**\*\*\*If the answer to either questions 3 or 7 is no, and the student is not a resident of a school district without an accredited school in the county or an adjoining county, then the remaining questions should be answered.**

17. Are both of the student's natural parents living? \_\_\_\_\_  
yes or no

18. Is the student receiving any financial support from parents? \_\_\_\_\_  
yes or no

19. What financial resources are available to the student (include source and amount of available funds)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Is the student a ward of the state or living in a residential facility as the result of a placement by a juvenile court  
or other state agency? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

21. Does the parent or guardian pay property taxes to this school district? \_\_\_\_\_ If yes, please provide a  
copy of the most recent tax bill.

22. If the student is not living with a parent or guardian, who is the student living with and why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23. Are there any other factors that you believe may entitle the student to attend without payment of tuition? (refer to sections 167.020, 167.151, RSMo) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. If the school administration determines that the student is not a resident and not otherwise entitled under Missouri law to attend the school of the district, you may obtain a hearing to request a waiver of the requirement to prove residency based upon hardship or good cause. Both the student and the district may be represented by counsel at their own expense at the hearing and all testimony will be taken under oath and a record made of the hearing. The hearing will be conducted according to the procedures applicable to contested cases under the Missouri Administrative Procedures Act. If a waiver hearing is requested, the student will be admitted pending the board hearing unless the school superintendent determines otherwise. **However the student will be removed from school attendance immediately following the board hearing if the board does not grant a waiver. The grant of such waivers is not favored.**

(check one)

- \_\_\_\_\_ I am requesting a waiver hearing before the board of education if the student is determined not to be entitled to attend the schools of the district.
- \_\_\_\_\_ I am not requesting a waiver hearing before the board of education if the student is determined not to be entitled to attend the schools of the district.

\_\_\_\_\_  
Signature of Parent or Guardian of Minor Student

\_\_\_\_\_  
Signature of person who is not a parent or guardian with charge or control of minor (allowed only if parent or court-appointed legal guardian is not available or refuses to sign)

\_\_\_\_\_  
(relationship to student)

\_\_\_\_\_  
Signature of Student (required if student is 18 or older or if a waiver is requested and a parent or court-appointed legal guardian has not signed)

Please list people who have permission to pick up student: Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

List any person/persons restricted from picking up student: Name: \_\_\_\_\_

Name: \_\_\_\_\_

**ENROLLMENT AFFIRMATION FOR PARENT OR COURT-APPOINTED GUARDIAN**  
**(resident student with no prior expulsions)**

Under penalty of law, I affirm that I am the parent or court-appointed legal guardian of the minor student, \_\_\_\_\_, that I reside within the boundaries of the \_\_\_\_\_ school district, and the student resides within the boundaries of such district, and that any information or documentation that I have provided as proof of residency is true and correct to the best of my knowledge, information and belief.

I further affirm that the student, \_\_\_\_\_, has not been expelled from school attendance at any other school in this state or in any other state for an offense in violation of school policies related to weapons, alcohol or drugs, or for the willful infliction of injury to another person, and that the other information that I have provided to the school district is true and correct to the best of my knowledge, information and belief. I understand that this statement will be maintained as part of the student's scholastic record.

**I understand that it is a criminal violation to make a materially false statement or affirmation, or to provide false information to establish residency, and that if I have provided false information for such purpose, the school district may file a civil action against me to recover the cost of educating the student.**

\_\_\_\_\_  
(signature of parent or court-appointed guardian)

Subscribed and affirmed before me this \_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public and Official Seal

My commission expires \_\_\_\_\_

# Blue Eye R-V Schools

## Superintendent's Office

658 State Hwy EE

P.O. Box 105 • Blue Eye, MO 65611

Phone (417) 779-5332 • Fax (417) 779-2151

## High School

658 State Hwy EE

P.O. Box 105 • Blue Eye, MO 65611

Phone (417) 779-5331 • Fax (417) 779-2151

## Board Officers

Steve Patton, President

Lisa Blevins, Vice President

Jeff Miller, Secretary

## Middle School

512 State Hwy 13

P.O. Box 105 • Blue Eye, MO 65611

Phone (417) 779-4299 • Fax (417) 779-4526

## Elementary School

512 State Hwy 13

P.O. Box 105 • Blue Eye, MO 65611

Phone (417) 779-4318 • Fax (417) 779-3268

Dr. Doug Arnold, Superintendent

Mr. Roger Cavener, High School Principal

Ms. Teresa Porter, Middle School Principal

Mr. Michael Fransen, Elementary Principal

As the parent/guardian of \_\_\_\_\_, I have enrolled my son/daughter in the Blue Eye R-V school system. My plans are for my child to complete his/her secondary education at Blue Eye High School. However, I am aware that circumstances may occur that could prevent my child from being able to finish school in a normal high school setting. If such an event were to occur, I realize that my child would still need to complete his/her high school education. In such a situation, rather than have my child reported to the State of Missouri as a drop-out, I would provide for his/her education by means of home schooling.

I am aware that if I have questions I can contact the Blue Eye High School Counseling Office at 779-5331 or the Department of Elementary and Secondary Education's website at [www.dese.state.mo.us](http://www.dese.state.mo.us) regarding home schooling information.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date



SCHOOL ADMISSIONS  
(Statement of Student Discipline)

Date: \_\_\_\_\_

In accordance with the Missouri Safe Schools Act, parents, guardians and other persons having charge or control of a student must provide the district information regarding the student's disciplinary and criminal history prior to admission.

Individual's Information

Name of Student: \_\_\_\_\_

Parent, Court-Appointed Legal Guardian, Military Guardian or person enrolling the student:

Is the above student presently under suspension or expulsion from another school district?

☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Has the above student ever been expelled from school attendance at any school in this state or in any other state for an offense in violation of School Board policies relating to weapons, alcohol or drugs or for the willful infliction of injury to another person?

☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Has the above student been convicted or charged with any of the following crimes in juvenile or adult courts?

☐ Yes ☐ No If yes, indicate which crime(s):

☐ First degree murder under § 565.020, RSMo.

FILE: JEC-AF2

Critical

- ☐ Second degree murder under § 565.021, RSMo.
- ☐ First degree assault under § 565.050, RSMo.
- ☐ Forcible rape under § 566.030, RSMo.
- ☐ Forcible sodomy under § 566.060, RSMo.
- ☐ Statutory rape under § 566.032, RSMo.
- ☐ Statutory sodomy under § 566.062, RSMo.
- ☐ Robbery in the first degree under § 569.020, RSMo.
- ☐ Distribution of drugs to a minor under § 195.212, RSMo.
- ☐ Arson in the first degree under § 569.040, RSMo.
- ☐ Kidnapping, when classified as a class A felony under § 565.110, RSMo.

I attest that all the above information is correct and true. I understand that it is a crime pursuant to § 167.023, RSMo., if I do not disclose the information requested or if I provide false information.

---

Parent/Legal Guardian Signature

Date

\* \* \* \* \*

*Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.*

Implemented: 05/21/2002

Revised: 02/21/2005

Blue Eye R-V School District, Blue Eye, Missouri

## Technology Usage

I/We have read the Blue Eye R-V School District Technology Usage policy in the Student-Parent Handbook, administrative regulations, and etiquette guidelines and agree to abide by their provisions. I/We understand that violation of these provisions may result in disciplinary action taken, including but not limited to suspension or revocation of access to district technology, and suspension or expulsion from school.

I/We understand that the use of the district's technology is not private and that the school district may monitor the use of district technology, including but not limited to accessing browser logs, e-mail logs, and any other history of use. I/We consent to district interception of or access to all communications sent, received or stored using the district's technology resources, pursuant to state and federal law, even if the district's technology resources are accessed remotely.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

- ☐ I give permission for my child or ward to utilize the school district's technology resources.
- ☐ I give partial permission for my child or ward to utilize the school district's technology resources. I do not wish for my child or ward to utilize:  
\_\_\_\_\_
- ☐ I do not give permission for my child or ward to utilize the school district's technology resources.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

*Disclaimer: MSBA does not draft, review, revise, or provide contracts for school districts. To obtain a binding legal contract, a district must consult its private attorney.*

\* \* \* \* \*

*Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.*

Implemented: 09/24/2001

Legal Refs: §§170.051, 171.001, 177.011,.031,431.055,.956,537.525,542.402,569.093-.099,570.223,610.010-.028,RSMo.  
Chapter 573, Revised Statutes of Missouri (*passim*)  
P.L. 106-554, Children's Internet Protection Act  
P.L. 99-508, 1000 Stat.1848, Electronic Communications Privacy Act  
Family Educational Rights and Privacy Act, 20 U.S.C. § 1232(g)  
Federal Wiretap Act, 18 U.S.C. § 2511 *et.seq.*

OVER

## Blue Eye High School Signature Page

### Publishing Student Photographs on the World Wide Web

The Blue Eye R-V School District is striving to maintain a high level of security for your child regarding web site development. We wish to use individual photos or group photos and other illustrating materials such as student work on our web site. No names or personal information such a home address or phone numbers will be published.

#### Photo Release

\_\_\_\_ I give permission for my photo or other illustrating materials to be featured on the Internet.

\_\_\_\_ No, I do not give permission for my photos or other illustrating materials to be featured on the Internet.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Grade

\_\_\_\_ I give permission for my child's photo or other illustrating materials to be featured on the Internet.

\_\_\_\_ No, I do not give permission for my child's photo or other illustrating materials to be featured on the Internet.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



\*In order to help with communication, effective education, and safety, please read the student handbook. This handbook has been approved by the Blue Eye R-V Board of Education. Below is a list of regulations that have caused some confusion. Thank you for taking the time to help improve our students' education and safety.

1. Students are to arrive at/or after 7:45 a.m. each morning.
2. Students arriving by personal vehicles need to be dropped off at the flag poles. Also, use this parking lot to pick-up students.
3. Students who are absent from school are required to pick up an admit slip from the office. Students must pick up the slip between 7:45 and 8:12 a.m. the following morning.

4. Please note Attendance Policy
5. Please note Cell Phone Policy
6. Please note Graduation Requirements
7. Please note Textbook Policy
8. Please note Student Dress Code
9. Please note Directory Information

I have read the Student-Parent Handbook,

\_\_\_\_\_  
Parent/Guardian

This handbook will be read to all students in the Blue Eye High School





At your school, a nurse is available to assist your child in maintaining good health. Your school nurse makes every effort to reach you when your child is ill or injured. In the rare event of a life threatening injury or illness the school reserves the right to administer lifesaving treatment even if we are unable to reach you. Sometimes minor ailments and injuries can be treated in our health services office, enabling your child to return to class.

### **PRESCRIPTION MEDICATIONS and OVER THE COUNTER MEDICATIONS**

All prescription medications and over the counter medications sent from home, to be administered at school must be accompanied by a **signed note** from the parent/guardian with the following information:

- |                               |                                   |
|-------------------------------|-----------------------------------|
| A. Date and time note written | B. Child's complete name          |
| C. Grade and teacher          | D. Name of medication             |
| E. Dosage of medication       | F. Time medication is to be given |

All medication should be sent in the original prescription container with the physician's instructions on the container. Over the counter medications should be sent in the original packaging. Any pharmacy will be happy to give you an extra container with the written doctor's order on it for this purpose. To remain current, all prescriptions must be renewed each calendar year or within a 12 month period.

**No medication will be administered at school unless the above procedure is carried out as stated above.**

### **OVER THE COUNTER MEDICATION AVAILABLE AT SCHOOL**

According to our school policy, permission slips for administering over-the-counter medications must be renewed on a **yearly** basis. This form must be signed by a parent/guardian and returned to school for your child to receive any over-the-counter medication.

If you have any questions concerning our medication policy, please feel free to contact me at 417-779-4318 during the school day.

School Nurse

# Blue Eye R-V School District Student Health Inventory 2019-2020

## OTC Medication/Permission to Treat Form

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: M \_\_\_\_ F \_\_\_\_ Grade: \_\_\_\_

Hospital Preference: \_\_\_\_\_ Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have medical insurance? MOHealthNet/Medicaid \_\_\_\_ Commercial Insurance \_\_\_\_ No insurance \_\_\_\_

### Assessment of Child's Health

Check Yes or No and provide a comment for any "Yes" answer

Health Issues	YES	NO	Comments (required for any "YES" answer)
Food Allergies:			Describe reaction:
Medication Allergies:			Describe reaction:
Insect Sting Allergies:			Describe reaction:
Epi Pen Prescribed for above allergies?			<b>**If yes, contact school nurse**</b>
Asthma/Breathing issues			
Inhaler needed for school? Yes ____ No ____			Name of inhaler:
Diabetes: Type 1 ____ Type 2 ____			Date of diagnosis: Insulin Required?
Seizures			Date of last seizure:
Heart condition (specify):			Restrictions?
Bleeding Disorder			
Frequent/severe headaches			Explain:
Behavior/Emotional Concerns			ADD ____ ADHD ____ ODD ____ Other ____ Med at school? ____
Mental Health Disorders (please list)			Anxiety ____ Depression ____ Bi-polar ____ Other ____
Autism Spectrum Disorder			
Eyes/Vision impairment			Glasses/Contacts?
Ears/Hearing impairment			Wears hearing aids?
Bowel/Bladder issues			Diapering/Catheterization? Yes ____ No ____
Birth Defect(s)			
Developmental Delay and/or Premature Birth			
Cerebral Palsy			
Genetic Disorder (Down's syndrome, Cystic Fibrosis, etc)			
Orthopedic (scoliosis, mobility impairment, etc)			Assistive devices?
Does your child take prescription medication?			Medication name:
Will your child take medication at school?			<b>Parent must bring medication to school nurse - see below</b>

Per school policy, if your child requires medication administered during school hours, parent/legal guardian must provide to the nurse the medication with current prescription label and proper paperwork. **\*\*Do not send medication to school with your child.**

**Permission for treatment/over the counter medication:** Your signature below gives the school nurse or designee permission to treat your child in the health office and give over the counter medication (antacids, cough drops, acetaminophen, ibuprofen, oral pain reliever, topical antiseptics/creams, and saline eye wash. **Epinephrine and Benadryl available for emergency use only**). Please contact the school nurse if there are certain medications you do not want your child to have.

In the event of a medical emergency, a parent/guardian will be contacted. If parent/guardian is unavailable, the school reserves the right to take whatever action is, in their judgment, necessary for the health of the child. Such actions may include calling an ambulance or sending the child to an emergency room. Parent/guardian assumes full responsibility for payment of any transport or emergency services rendered.

*I understand the above health information will be shared with the faculty/staff and EMS on a need to know basis.  
I attest that the information provided on this form is true and accurate to the best of my knowledge and belief.*

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# Title X-McKinney-Vento Act Questionnaire Enrollment Form

The following questions are required to meet federal regulations within the No Child Left Behind Act, as well as MSIP Standard 8.3.1 for enrollment identification.

Please answer the following questions with consideration given to your current living situation.

Student's name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_ (person completing the form)

Today's date: \_\_\_\_\_

1. Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason? IF YES, *PLEASE EXPLAIN*

\_\_\_\_\_ yes \_\_\_\_\_ no

*Explain:* \_\_\_\_\_

2. Are you currently residing at a motel, hotel, in a car, or at a campsite because your home has been damaged or because of economic reasons?

\_\_\_\_\_ yes \_\_\_\_\_ no

3. Are you currently residing in a shelter?

\_\_\_\_\_ yes \_\_\_\_\_ no

4. Are you currently living in a temporary housing arrangement due to economic hardship? IF YES, *PLEASE EXPLAIN*

\_\_\_\_\_ yes \_\_\_\_\_ no

*Explain:* \_\_\_\_\_

## Office use only!

Please submit this form to the District Federal Programs Coordinator upon completion.

Contact warranted: \_\_\_\_\_ No further information necessary: \_\_\_\_\_

Contact Date: \_\_\_\_\_ FPC Initials: \_\_\_\_\_

Determination: \_\_\_\_\_ Date: \_\_\_\_\_

updated 4/18 cbutler

# STUDENT HOME LANGUAGE SURVEY

## Blue Eye RV School District

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Teacher: \_\_\_\_\_

Grade: \_\_\_\_\_

Relationship of person completing survey:

- ☐ Mother
- ☐ Father
- ☐ Guardian
- ☐ Other (Please specify) \_\_\_\_\_

Circle the best answer to each question.

1. Was the first language the student learned English? YES NO

2. Can the student speak a language other than English? YES NO

If yes, what language? \_\_\_\_\_

3. Which language does the student use most often when speaking to friends?

English Spanish Other (please specify) \_\_\_\_\_

4. Which language does the student use when speaking to parents?

English Spanish Other (please specify) \_\_\_\_\_

5. Does anyone in your home speak a language other than English? YES NO

6. Language background if other than English:

- ☐ Spanish
- ☐ Arabic
- ☐ Korean
- ☐ Vietnamese
- ☐ Russian
- ☐ Chinese
- ☐ Other (please specify) \_\_\_\_\_

### For OFFICE USE ONLY!

Please forward this document to the Federal Programs Coordinator. Thank you for your assistance.

Date Received by FPC: \_\_\_\_\_ Initials: \_\_\_\_\_

Screening warranted \_\_\_\_\_ No further information needed \_\_\_\_\_



## MELL Program: Parent Survey

School District: Blue Eye RV

Enrollment Date: \_\_\_\_\_

If you have moved from one school district to another and you have worked in agriculturally based employment in the last three years, your children may be eligible for special services to better serve them educationally. Please complete the following survey information and return in to your teacher or school office.

1. Have you moved to this area in the past three years? \_\_\_\_\_ YES \_\_\_\_\_ NO
2. In the last three years, have you worked or are you currently working in any of these areas? If so, which ones?

- ☐ Planting or harvesting crops
- ☐ Transporting farm products to market
- ☐ Feeding poultry, gathering eggs, working in hatchery
- ☐ Processing meat, poultry, fruit, vegetables, dairy products
- ☐ Milking cows on a dairy farm
- ☐ Cutting firewood or logs to sell
- ☐ Commercial fishing or working on a fish farm
- ☐ Growing and tending to trees to be sold

3. If you checked any box above, did you move to seek or obtain this job? \_\_\_\_\_ YES \_\_\_\_\_ NO

Parents/Guardians: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone #: \_\_\_\_\_

Children's Names	Age	Grade

### FOR OFFICE USE ONLY!

Please forward to the Federal Programs Coordinator. Thank you for your assistance.

Contact warranted: \_\_\_\_\_ No further information necessary: \_\_\_\_\_

updated 4/15 cbutler

## BLUE EYE RV SCHOOL DISTRICT

### PARENTS AS TEACHERS (PAT) REFERRAL FORM

DATE

Parent(s) Name:

Phone:

Mailing Address:

Physical Address:

Please list the names and ages of your child(ren) below:

Name:

Age:

Are you familiar with the Parents As Teachers program?

YES

NO

# Blue Eye High School

P.O. Box 105  
Blue Eye, MO 65611  
417-779-5331

August 15, 2019

Dear Parents/Guardians:

The Blue Eye High School will begin sending progress reports for each student approximately every three weeks. The students will be held accountable for delivering and returning the progress reports to the proper person.

This is a list of dates your students should deliver a progress report:

Tuesday, Sept. 3  
Monday, Sept. 23  
Monday, Nov. 4  
Monday, Dec. 2  
Monday, Jan. 27  
Tuesday, Feb. 18  
Monday, Apr. 6  
Monday, Apr. 27

If progress report dates change due to snow days, students will be notified of alternate dates.

If you do not receive a progress report on these dates, please call the school at 779-4299 or view grades at the parent portal website <https://160261.stiinformationnow.com/InformationNow/> at any time.

Thank you,

Roger Cavener  
High School Principal

# Blue Eye R-V Schools

## Superintendent's Office

658 State Hwy EE

P.O. Box 105 • Blue Eye, MO 65611

Phone (417) 779-5332 • Fax (417) 779-2151

## High School

658 State Hwy EE

P.O. Box 105 • Blue Eye, MO 65611

Phone (417) 779-5331 • Fax (417) 779-2151

## Board Officers

Steve Patton, President

Joe Feagans, Vice President

Jeff Miller, Secretary

## Middle School

512 State Hwy 13

P.O. Box 105 • Blue Eye, MO 65611

Phone (417) 779-4299 • Fax (417) 779-4526

## Elementary School

512 State Hwy 13

P.O. Box 105 • Blue Eye, MO 65611

Phone (417) 779-4318 • Fax (417) 779-3268

## Dr. Doug Arnold, Superintendent

Roger Cavener, High School Principal

Teresa Porter, Middle School Principal

Chris Butler, Director of Academic Services

Dear Parent,

Blue Eye School will utilize this service for all households and individuals from time-to-time to contact the school.

When used, the service will be answered by an administrator. The service will ring for over 40 seconds).

PLEASE NOTE THE FOLLOWING:

All information and contact numbers listed above.

Back pages  
of  
each enrollment  
packet

that enables personnel to notify all households of a scheduled event. The service may also be used for other purposes.

and will deliver a recorded message from the school answering machines. No answers (phones) will be received at fifteen minute intervals after the initial call.


This service is only used for the purpose described above.

### Here is some specific information you should know:

- **Caller ID:** The Call ID will display [417-779-5332], which is the main number for Blue Eye School.
- **Live Answers:** There is a short pause at the beginning of the message, usually a few seconds. Answer your phone as you normally would; "hello" and hold for the message to begin. Multiple "hellos" will delay the message. Inform all family members who may answer your phone of this process.
- **Answering Machines:** The system will detect that your machine has answered and will play the recording to your Machine. The phone will ring for up to 40 seconds. Make sure that your answering machine answers after four rings or you may miss the message.
- **Message Repeat:** At the end of the message you will be prompted to 'press any key' to hear the message again. This is very helpful when a child answers the phone and hands it to a parent, who can then repeat the message in its entirety.

Please make every effort to provide the school with current and accurate phone information any time there is a change to ensure that you do not miss important information.

Thank you,

  
Doug Arnold  
Superintendent



## EMAIL COMMUNICATION

Parents,

If you would like to receive email communication from Blue Eye R-V School District please fill out the information below. Occasionally we will communicate school happenings via email.

**If you were receiving school emails last year and your email has not changed you do not need to resubmit this form.**

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent email address: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent email address: \_\_\_\_\_

# Student Accident Insurance 2019-2020

## Beginning July 1<sup>st</sup>

- **Enroll online at**

<http://markel.sevencorners.com>

**or call 877-444-5014** for enrollment by phone. Seven Corners, Inc. is Markel's administrator for this program.

- **Payment must be made by credit or debit card.**

## Choose your coverage plan

One-time premium for the 2019-2020 school year

### School time coverage (accident only)

Low plan: \$15.00

Middle plan: \$36.00

High plan: \$66.00

The school time plan provides coverage while an insured student is in or on school premises during the days and months when school is in session; traveling directly to or from their residence and school in a vehicle supplied by the school; and participating in or attending activities sponsored solely by the school that are continuously supervised by a school official or employee. This also includes supplied and supervised travel directly to and from such sponsored activities; and school sponsored and supervised sports, **excluding ninth-, tenth-, eleventh-, and twelfth-grade interscholastic football.**

### Around the clock coverage (accident only)

Low plan: \$68.00

Middle plan: \$144.00

High plan: \$266.00

Around the clock coverage applies 24 hours a day, whether school is in session or not. The insurance is provided from the effective date of the insured student's coverage to the termination date on the policy. This coverage includes school sponsored and supervised sports, excluding ninth-, tenth-, eleventh-, and twelfth-grade interscholastic football.

## Interscholastic football coverage

Provides coverage for ninth-, tenth-, eleventh-, and twelfth-grade interscholastic football only.

**School time and around the clock coverage is not included with this plan option.**

### Annual

Low plan: \$109.00

Middle Plan: \$294.00

High plan: \$435.00

### Spring only

Low plan: \$38.00

Middle plan: \$118.00

High plan: \$174.00

## Summer day camp/Off season conditioning

Low plan: \$11.00

Provides coverage during school sponsored and supervised summer day camps that are conducted on school premises. Off season conditioning provides coverage when under the direct supervision of the coach or a trainer for conditioning and weight training for interscholastic sports which take place at a designated facility on the premises or in close proximity to the school. It does not provide coverage for play or practice involving bodily contact of any sport. This coverage ends the first day of official practice or the first day of school.

\*Detailed brochure and claims reporting information can be found on the enrollment website.



Dear Parent or Guardian:

**Please carefully review this letter concerning the school lunch and breakfast program.**

**ALL ACCOUNTS NEED TO BE PAID IN ADVANCE WEEKLY OR MONTHLY.** Students in grades K – 8 will be notified with an envelope when money is needed in their account. Students in 7<sup>th</sup> – 12<sup>th</sup> grades may check on their balances in the lunch line or in the office.

Attached is an application for free and reduced price meals. We welcome anyone who would like to apply. All information is kept in the Central Office and will not be shared with any other programs. Please list all family members on one application; **we need only one application per family.** If your student(s) received free or reduced price meals last year, you must apply again this year. If we have not received a free or reduced price meal application within thirty (30) days from the first day of school your student(s) will be changed to full price meals.

Below you will find a list of the breakfast and lunch prices for this school year. These prices are comparable to, or less than other schools in our area. *If you feel you will be unable to meet this obligation, we urge you to fill out a free and reduced meal application.* If you have any questions, please call the Central Office at 779-5332.

**BLUE EYE R-V SCHOOL  
BREAKFAST AND LUNCH PRICES  
EFFECTIVE 2019-2020 SCHOOL YEAR**

**BREAKFAST PRICES**

FULL PRICE BREAKFAST K - 12	\$1.65
REDUCED PRICE BREAKFAST	\$ .30
ADULT PRICE BREAKFAST	\$1.65

**LUNCH PRICES**

FULL PRICE LUNCH K - 8	\$ 2.15
FULL PRICE LUNCH 9 – 12	\$ 2.40
REDUCED PRICE LUNCH	\$ .40
ADULT PRICE LUNCH	\$ 2.75

**THE AMOUNTS LISTED BELOW ARE CHARGED TO ALL STUDENTS REGARDLESS OF MEAL STATUS: FREE, REDUCED, OR FULL PRICE.**

- ❖ *Please be aware that if your child qualifies for free meal benefits and gets milk only for breakfast or lunch they will be charged for it.*

<i>Second Milk</i>	\$ .40
--------------------	--------
- ❖ *The following are prices for seconds or extras:*

<i>Second Entrée</i>	\$1.50
<i>Second side item or cereal</i>	\$ .60
<i>Second baked item (roll, muffin, etc.)</i>	\$ .25



## LETTER TO PARENTS

### FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. Blue Eye R-V School District offers healthy meals every school day. Breakfast costs **\$1.65**; lunch costs **\$2.15 E/MS, \$2.40 H.S.** **Your children may qualify for free meals or for reduced price meals.** Reduced price is **\$.30** for breakfast and **\$.40** for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

#### 1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from the **Food Stamp Program/Supplemental Nutrition Assistance Program (SNAP)**, the **Food Distribution Program on Indian Reservations (FDPIR)** or **Temporary Assistance/Temporary Assistance for Needy Families (TANF)**, 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.

Household Size	Annually	Monthly	Weekly
1	\$23,107	\$1,926	\$445
2	31,284	2,607	602
3	39,461	3,289	759
4	47,638	3,970	917
5	55,815	4,652	1,074
6	63,992	5,333	1,231
7	72,169	6,015	1,388
8	80,346	6,696	1,546
For each add'l person add	+ 8,177	+ 682	+ 158

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 **Blue Eye School Elementary Office at 417-779-4318** and ask for the homeless liaison.

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: **Blue Eye Elementary, Middle School, High School or Central Office.**

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 **Blue Eye School at 417-779-4318** immediately.

5. 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. You must send in a new application unless the school told you that your child is eligible for the new school year.

6. 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.

7. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.

8. 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.



9. 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: DR. DOUG ARNOLD, P.O. Box 105, Blue Eye, MO 65611, 417-779-5332.
10. 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.
11. 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.
12. 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.
13. 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, or receive Family Subsistence Supplemental Allowance payments, 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.
14. 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 **any Blue Eye School Office to receive a second application.**
15. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for the Food Stamp Program/SNAP or other assistance benefits, contact your local assistance office or call 1-855-373-4636.

If you have other questions or need help, call 417-779-4318.  
Sincerely,

Blue Eye School

USDA Non-discrimination Statement:

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](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.



# 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 Blue Eye 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 Blue Eye School 417-779-4318.

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

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12			
Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.			
Who should I list here? When filling out this section, please include ALL members in your household who are:			
<ul style="list-style-type: none"> <li>Children age 18 or under AND are supported with the household's income;</li> <li>In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;</li> <li>Students attending Blue Eye School PK-12, regardless of age.</li> </ul>			
<b>List each child's name.</b> 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.	<b>Building name/Grade.</b> If child is a student, list building name and grade.	<b>Do you have any foster children?</b> 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. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.	<b>Are any children homeless, migrant, or runaway?</b> 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>
STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?			
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:			
<ul style="list-style-type: none"> <li>The Supplemental Nutrition Assistance Program (SNAP)</li> <li>Temporary Assistance for Needy Families (TANF)</li> <li>The Food Distribution Program on Indian Reservations (FDPIR).</li> </ul>			
<b>If no one in your household participates in any of the above listed programs:</b> <ul style="list-style-type: none"> <li>Leave STEP 2 blank and go to STEP 3.</li> </ul>	<b>If anyone in your household participates in any of the above listed programs:</b> <ul style="list-style-type: none"> <li>Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: State number 1-855-373-4636 -Stone County Division of Family Services.</li> <li>Go to STEP 4.</li> </ul>		
STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS			
How do I report my income?			
<ul style="list-style-type: none"> <li>Use the charts titled "<u>Sources of Income for Adults</u>" and "<u>Sources of Income for Children</u>," printed on the back side of the application form to determine if your household has income to report.</li> <li>Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.                             <ul style="list-style-type: none"> <li>Gross income is the total income received before taxes</li> <li>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.</li> </ul> </li> </ul>			
(Information follows on the reverse side.)			



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:**
  - 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.

**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.

**Report earnings from work.** Report all total gross 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.

**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.

**Report income from pensions/retirement/all other income.** Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.

**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.

**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.*

**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.

**Print and sign your name and write today's date.**  
Print the name of the adult signing the application and that person signs in the box "Signature of adult."

**Mail Completed Form to:**  
Blue Eye School  
P.O. Box 105  
Blue Eye, MO 65611

**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.



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)

## MI Child's Last Name

**Definition of Household Member:** "Anyone who is living with you and shares income and expenses, even if not related."

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 School Meals for more information.

[illegible][illegible]

--	--	--	--	--

Foster Child  
Homeless,  
Migrant,  
Runaway

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No

**If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number:**

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

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

	How often?			
Child income	Weekly	Bi-Weekly	2x Month	Monthly
<div style="width: 100px; height: 20px;"></div>	<div style="width: 60px; height: 40px; border-radius: 50%;"></div>	<div style="width: 60px; height: 40px; border-radius: 50%;"></div>	<div style="width: 60px; height: 40px; border-radius: 50%;"></div>	<div style="width: 60px; height: 40px; border-radius: 50%;"></div>

Child income			
--------------	--	--	--

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 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)	Earnings from Work				How often?		
	Weekly	Bi-Weekly	2x Monthly	Monthly	Weekly	Bi-Weekly	2x Monthly

How often?				How often?			
Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Pensions/Retirement/						
All Other Income						
\$						
\$						
\$						

How often?

Weekly	Bi-Weekly	2x Month	Monthly
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Last four digit of Social Security Number (SSN) of primary wage earner or other adult household member**


[illegible]

**Mail Completed Form To: Blue Eye School, P.O. Box 105 Blue Eye, MO 65611**

"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."

Ant #	Street Address (if available)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone and Email (optional)

Signature of adult completing the form

**DO NOT FILL OUT THIS SECTION. THIS IS FOR SCHOOL USE ONLY.**

**ANNUAL INCOME CONVERSION: WEEKLY X 52, EVERY 2 WEEKS X 26, TWICE A MONTH X 24, MONTHLY X 12 (USE ONLY IF MULTIPLE FREQUENCY)**

Per: ☐ Week ☐ Every 2 Weeks ☐ Twice a Month ☐ Month ☐ Year

Eligibility: ☐ Free ☐ Reduced ☐ Denied Reason:Date Approved/Denied: \_\_\_\_\_  
Date withdrawn: \_\_\_\_\_

Confirming Official's Signature (For verification purposes only):

Date: \_\_\_\_\_



**INSTRUCTIONS** Sources of Income**Sources of Income for Children**

Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security	- A child is blind or disabled and receives Social Security benefits
- Disability Payments	- A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Survivor's Benefits	
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

**Sources of Income for Adults**

Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses	- Unemployment benefits	- Social Security (including railroad retirement and black lung benefits)
- Net income from self-employment (farm or business)	- Worker's compensation	- Private pensions or disability benefits
	- Supplemental Security Income (SSI)	- Regular income from trusts or estates
If you are in the U.S. Military:	- Cash assistance from State or local government	- Annuities
	- Alimony payments	- Investment income
- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)	- Child support payments	- Earned interest
- Allowances for off-base housing, food and clothing	- Veteran's benefits	- Rental income
	- Strike benefits	- 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. If ethnicity/race is not selected, a visual identification will be determined.

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, 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 adult household member who signs the application. The last four digits of 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), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR 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](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

# REQUEST FOR INFORMATION

(Complete one form per family)

Please answer the question below by checking the appropriate box. The following information is a request adopted by the General Assembly in 2010 requiring school districts to determine whether or not all children in a family have health insurance.

Does each child in your family have healthcare insurance?

☐ YES

☐ NO

**MO HealthNet (Medicaid) is considered healthcare insurance.**

If NO is checked the school district will provide the Does Your Child Need Healthcare Coverage form for the family.

Completion of this form is not a condition of determining meal eligibility. The Free and Reduced Price Meals Family Application will be reviewed regardless of your response to this Request for Information.

Submit this request with your Free and Reduced Price School Meals Family Application or return to your school/school district.

Printed name of parent/guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_