

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
Tri-Lakes Cooperative Phone (417) 779-4166

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
Mrs. Teresa J. Porter, Middle School Principal
Mr. Michael Fransen, Elementary Principal
Ms. Lorri Travis, Director Tri-Lakes Cooperative

Blue Eye Elementary Student Information Release Form

Name of student: _____

Date of birth: _____ Current Grade: _____

I give my permission for Blue Eye Elementary School to receive medical, discipline, diagnostic, and testing information (both verbally and written) from:

Name of previous school: _____

Address: _____

Phone: _____ Fax: _____

Parent /Guardian Signature _____

We request the release of the following information:

- _____ Cumulative permanent records
- _____ Psychological reports
- _____ Health records
- _____ Special Education records, including IEP and Diagnostic
- _____ Disciplinary records
- _____ Other

For immediate enrollment please fax:

- _____ Shot records
- _____ Social Security Number
- _____ Birth Certificate
- _____ Missouri State ID # _____ - _____ - _____ Start date at school enrolling _____
- _____ Mail the rest to:

Blue Eye Elementary, P.O. Box 105, Blue Eye, Missouri 65611

Phone # (417) 779-4318 --- Fax # (417) 779-3268 Thank You!

Principal Signature: Michael Fransen Date of request: _____

APPLICATION FOR ENROLLMENT
-----BLUE EYE SCHOOL DISTRICT-----
SCHOOL YEAR 2018-2019

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: ____ / ____ / ____

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/African Amer. ____ Hispanic ____ Amer. Indian/Alaska Native
____ 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 home phone: () _____

Mother's name: _____ Father's name: _____

Mother's cell#: _____ Father's cell#: _____

Mother's work#: _____ Father's work#: _____

Emergency Contact: 1st Name: _____ () _____
(Please add relationship)

2nd 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)

Turn over to complete ➡

Please list any person that has your permission to pick your child up from school.

Only the people listed will be allowed to pick your child up.

	Relationship
• _____	_____
• _____	_____
• _____	_____
• _____	_____
• _____	_____
• _____	_____
• _____	_____
• _____	_____
• _____	_____
• _____	_____
• _____	_____
• _____	_____
• _____	_____
• _____	_____
• _____	_____
• _____	_____
• _____	_____

Legal Issues (Custody or Restraining Orders)

The school recognizes that issues related to the legal and physical custody of students are complicated and can impact the student's educational experience. Parents and legal guardians of students are strongly encouraged to stay involved with their student's academic progress. Unless a court order decrees otherwise, either parent or a legal guardian may view education records and attend school functions or school meetings regarding the student. Official notices and report cards will be sent to the parent or legal guardian with primary physical custody of the student during the school year. It is the responsibility of the parent or legal custodian with primary physical custody to provide current copies of court orders to the school. Child visitation and exchange of custody should not take place during school hours or on school property. The school will assume no responsibility for enforcing visitation or custody orders and reserves the right to prohibit parents or legal guardians from entering school property if their conduct becomes disruptive to the school environment. Concerns regarding custody and visitation should be directed to the school principal.

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 _____

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/Race _____
emergency 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.

(911) Address City school district

Mailing Address

City State Zip ()
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 telephone number

()
parent one work telephone number

parent one address

parent two - name (last, first, middle) school district

()
parent two telephone number

()
parent two work telephone number
parent two address(if different from parent one)
(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. 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)	
_____	_____	expulsion _____	_____
date	school	suspension _____	describe offense
		(check one)	
_____	_____	expulsion _____	_____
date	school	suspension _____	describe offense
		(check one)	

11. 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

12. 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

13. 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
_____	_____	_____
date	offense	jurisdiction

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

1. _____
school name

City _____ State _____
from _____ to _____
dates attended (month and year)

2. _____
school name

City _____ State _____
from _____ to _____
dates attended (month and year)

3. _____
school name

City _____ State _____
from _____ to _____
dates attended (month and year)

4. _____
school name

City _____ State _____
from _____ to _____
dates attended (month and year)

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.

15. Are both of the student's natural parents living? _____
yes or no

16. Is the student receiving any financial support from parents? _____
yes or no

17. What financial resources are available to the student (include source and amount of available funds)? _____

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

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

20. If the student is not living with a parent or guardian, who is the student living with and why? _____

21. 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) _____

22. 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)

Please list people who have permission to pick up student:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

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: _____

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

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 _____

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.

Stacy Bale, RN
School Nurse

PERMISSION FOR MEDICAL TREATMENT

BLUE EYE R-V SCHOOL DISTRICT

2018 - 2019

The following non-prescription medications are available from the health office for minor injuries/ailments:

Acetaminophen (generic Tylenol)
Ibuprofen (generic Advil and Motrin)
Hydrogen peroxide
Alcohol wipes
Triple Antibiotic Ointment
First Aid Spray
Caladryl lotion and spray
Petroleum Jelly
Saline Eye Wash
Antacids
Blistex
Anbesol
Hydrocortisone cream

In order for these items to be available to your child, please sign the permission slip below.

Grade _____

My child, _____ has my permission to be treated in the health services' office according to school policy and to receive the above listed non-prescription medications.

Any known allergies _____

Current home telephone number _____

Current work telephone _____

Emergency telephone number _____

Parent/Guardian signature

Date

HEALTH INFORMATION UPDATE BLUE EYE R-V SCHOOL

NAME _____ GRADE _____ TEACHER _____

Parent/Guardian _____

Parent/Guardian Phone No.: _____

Home _____ Cell _____

Work _____

Emergency Contact: _____ / _____ / _____

Name

Relationship to student

Telephone number

Physician _____ Phone _____

Preferred Hospital _____

Check any of the following health concerns which pertain to your child:

EYES: glasses _____ (reading _____ distance _____) contacts _____ crossed _____ lazy eye _____

difficulty seeing _____ other(explain) _____

Date of last vision exam (other than school screening) _____

EARS: frequent infections _____ tubes _____ hearing difficulty(explain) _____

hearing aid _____ right _____ left _____ Wear at school? Yes _____ No _____

other(explain) _____

ALLERGIES: (drugs, food, insects, pollens) Please list: _____

Has the allergy required emergency action in the past? Yes _____ No _____

Comments _____

ASTHMA: Yes _____ No _____ Triggered by _____

Treatment(s) _____

Diagnosed by physician(date) _____

Comments _____

SEIZURES: Yes _____ No _____ Describe seizures _____

Date of last seizure _____ Medication _____

OTHER MEDICATIONS: Home _____ School _____

Reason for taking _____

OTHER HEALTH CONCERNS: diabetes _____ heart problem _____ bleeding _____ eating _____

sleeping _____ bowel _____ bladder _____ dental _____ skin _____ menstruation _____

phobias(fears) _____ blood pressure _____ lungs _____ neurologic _____ headaches _____

blood disorders _____ orthopedic _____ Comments: _____

Date: _____ Parent Signature: _____

Dear Parent or Guardian:

Date: August 15, 2018

A preventive oral health program is available through the **Blue Eye School District and the Missouri Department of Health and Senior Services**. This program is offered to all children in the state of Missouri, including those who receive regular dental care.

A licensed dental professional will screen your child's teeth. A trained volunteer will apply a thin, pleasant tasting coating of fluoride varnish to your child's teeth twice during a school year. Fluoride varnish has been proven to be safe and effective in preventing, reducing and stopping small areas of early tooth decay. This program also includes a free toothbrush and oral health information.

***This service does not replace a regular dental check-up. ***
You must provide consent to receive these no cost fluoride varnish applications.

____ **Yes**, I want my child to receive **two** applications of fluoride varnish, approximately three to six-months apart.

____ **No**, I do not want my child to receive the preventative fluoride varnish

Name of child:

Teacher:_____

Grade:_____

Health History

Has your child ever had serious health problems? Yes:____ No:____ If yes, please explain:

Does your child have any allergies? Yes:____ No:____ If yes, please list:

Parent/Guardian Signature:

_____ **Date**_____

Student: _____

Teacher: _____

Student * Parent * Teacher * Principal Compact

To achieve high standards in academic achievement, it is necessary that the student, parents, and school personnel develop and maintain a positive educational partnership. The partnership should be based on shared responsibilities and on-going communications between all involved parties. This agreement is a promise to work together to improve.

This student, parent, parent, principal compact is a requirement of the Federal Programs School-Wide Commitment Form and Plan. Please review, sign, and return to your child's teacher as soon as possible.

STUDENT

As a student, I will show a positive attitude toward myself, others, and school. It is important that I do my best work. I will:

- ✓ Attend school regularly.
- ✓ Do my best in class and on my homework.
- ✓ Tell my parents what I am learning at school.
- ✓ Ask for help when I need it.
- ✓ Respect and cooperate with others.
- ✓ Go to the library once a week.
- ✓ Limit my television watching and read books instead.

Student Signature _____

PARENT/GUARDIAN

As a parent, I will demonstrate an understanding of my responsibilities. It is important that I provide love, care, encouragement, and a nurturing home to my child. I shall strive to do the following:

- ✓ See that my child is punctual and attends school regularly.
- ✓ Ensure that my child is clean, neat, well rested, nourished, and safe.
- ✓ Provide a quiet study time at home and encourage good study habits.
- ✓ Talk with my child about his/her school activities each day.
- ✓ Communicate with the teacher by attending conferences, looking at school work, or calling the school.

Parent Signature _____

TEACHER

As a teacher, I will actively and consistently work toward the goal of achieving high standards in learning. I shall strive to do the following:

- ✓ Respect and encourage the ideas and growth of children.
- ✓ Provide a high quality curriculum based on the Missouri Learning Standards, with challenging tasks and motivating experiences.
- ✓ Formally communicate at least twice quarterly with parents regarding student's progress in learning and behavior.
- ✓ Utilize techniques and materials that work best with a student's particular learning style.

Teacher Signature _____

PRINCIPAL

As an administrator, I will recognize the responsibilities of parents, teachers, students, and myself by supporting a team effort to improve learning and to promote achievement. I shall strive to do the following:

- ✓ Maintain a positive and safe learning environment.
- ✓ Provide opportunities and mechanisms for positive communication between teacher, parent, and student.
- ✓ Make information available regarding the school's programs, available services, goals, etc.
- ✓ Promote high standards of academic achievement and behavior.
- ✓ Provide opportunities for parents to volunteer, participate, and observe in school activities.

Principal Signature _____

Student's Name: _____ Grade: _____

Teacher's Name: _____

Parent Signature: _____

Parent/ Guardian Student Handbook Awareness Statement

I have received the elementary student handbook, including general information, rules and regulations, and procedures for Blue Eye Elementary. I understand that I am responsible for reading and adhering to its contents.

☐

Please Initial

Technology Usage

I have read the Blue Eye R-V School District Technology Usage policy. Administrative regulations, and "netiquette" guidelines and agree to abide by its provisions. I understand that violation of these provisions may result in disciplinary action being taken against me including but not limited to suspension or revocation of my access to district technology, suspension, or expulsion from school.

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

Parents and students agree that they have read and will follow the district's technology policies. MSBA disclaimer, implementation date, legal reference material can be reviewed with the building principal or at the district's central office.

☐

Please Initial

Media/ Web Page Release of information

Please initial one:

_____ I give my consent for my child's photo and/or name to be released to media or web page as it pertains to school participation in activities, awards, or student achievement.

_____ I do not give my consent for my child's photo and/or name to be released to media or web page as it pertains to school participation in activities, awards, or student achievement.

Parent / Guardian Consent For Corporal Punishment

(See page 15 of handbook)

I have read and understand the school policy concerning corporal punishment. I understand that "swats" may be given to a student as a consequence for violation(s) of the Code of Conduct expected for students at Blue Eye Elementary. I understand that a complete listing of the Board Policy (File JGA) concerning Corporal Punishment may be viewed in the Central Office or the principal's office.

Please initial one:

_____ I give my consent for the building principal or his designee to administer corporal punishment (swats) in accordance with the guidelines of the student handbook. A witness will be present.

_____ I do not give my consent for the building principal to give swats. Consequences for disciplining students will be determined by the building principal or his designee.

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Mr. Roger Cavener, High School Principal

Ms. Teresa Porter, Middle School Principal

Mr. Michael Fransen, Elementary Principal

Ms. Lorri Travis, Director Tri-Lakes Cooperative

Dear Parent,

Blue Eye School will utilize School Messenger, a telephone broadcast system that enables personnel to notify all households and individuals by phone within minutes of an emergency or unplanned event. The service may also be used from time-to-time to communicate general announcements and reminders.

When used, the service will call all phone numbers in our selected contact lists and will deliver a recorded message from an administrator. The service will deliver the message to both live answer and answering machines. No answers (phones ringing over 40 seconds) and busy signals will be automatically retried twice in fifteen minute intervals after the initial call.

PLEASE NOTE THE FOLLOWING:

All information and contact numbers are strictly secure and confidential and are 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: _____

2018-2019 School Accident Insurance

Dear Parent or Guardian:

The Student Accident Insurance program for the 2018-2019 school year will again be made available to you online. Parents can enroll online by the use of a dedicated secure enrollment website. The website address is: www.markelinsurance.com

On this website, you will be able to:

- View all of the coverage and premium options
- Review a Frequently Asked Questions section
- Purchase the insurance using a credit/debit card and receive an instant and printable confirmation of what was purchased.

The electronic enrollment is a win-win situation. It allows parents to purchase the coverage on a real time basis, it allows the school district to reduce involvement in the enrolment process, and it enables Markel Insurance Company to more efficiently administer the program. We have also provided a link on the school website.

Student Accident Insurance is provided by:

MARKEL

P.O. Box 2009, Glen Allen, VA 23058-2009

800-431-1270

You may also Email applications to:

MarkelAH@markelcorp.com

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 7th – 12th 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 2018-2019 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	\$ 2.65

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

<i>Second Entrée</i>	<i>\$1.50</i>
<i>Second side item or cereal</i>	<i>\$.60</i>

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 and \$2.40 HS. **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	<u>Annually</u>	<u>Monthly</u>	<u>Weekly</u>
1	\$22,459	\$1,872	\$432
2	30,451	2,538	586
3	38,443	3,204	740
4	46,435	3,870	893
5	54,427	4,536	1,047
6	62,419	5,202	1,201
7	70,411	5,868	1,355
8	78,403	6,534	1,508
For each add'l person add	+ 7,992	+ 666	+ 154

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail Blue Eye School Central Office at 417-779-5332.

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 Central Office at 417-779-5332 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 417-779-5332.

Sincerely,

BLUE EYE SCHOOL CENTRAL OFFICE

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, 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.

This institution is an equal opportunity provider.

Date Received by LEA (LEA use only)

NOTE: If more spaces are required for additional names, attach another sheet of paper.

Child's Last Name										Building Name										Grade		Foster Child Runaway

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.

STEP 2 Do any Household Members (including you) currently meet Step 1?

Do any Household Members (including you) currently participate in one or more of the following assistance programs? SNAP TANF

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: _____

Write only one case number in this case.

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

Write only one case number in this space

Are you unsure what income to include here?

Sometimes children in the household earn income. Please include the TOTAL gross income earned by all children listed in STEP 1 here.

Child Income

Weekly	Bi-Weekly	2x Monthly	Monthly

How often?

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.

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.

Name of Adult Household Members (First and Last)	Earnings from Work	Public Assistance/ Child Support/Alimony	Pensions/Retirement/ All Other Income	How often?	How often?	Check if no SSN
	Weekly Bi-Weekly 2x Month Monthly	Weekly Bi-Weekly 2x Month Monthly	Weekly Bi-Weekly 2x Month Monthly	Weekly Bi-Weekly 2x Month Monthly	Weekly Bi-Weekly 2x Month Monthly	Weekly Bi-Weekly 2x Month Monthly
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	\$ <div style="border: 1px solid black; width: 100px;"></div>	\$ <div style="border: 1px solid black; width: 100px;"></div>	\$ <div style="border: 1px solid black; width: 100px;"></div>	<div style="border: 1px solid black; width: 100px;"></div>	<div style="border: 1px solid black; width: 100px;"></div>	<div style="border: 1px solid black; width: 100px;"></div>
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	\$ <div style="border: 1px solid black; width: 100px;"></div>	\$ <div style="border: 1px solid black; width: 100px;"></div>	\$ <div style="border: 1px solid black; width: 100px;"></div>	<div style="border: 1px solid black; width: 100px;"></div>	<div style="border: 1px solid black; width: 100px;"></div>	<div style="border: 1px solid black; width: 100px;"></div>
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	\$ <div style="border: 1px solid black; width: 100px;"></div>	\$ <div style="border: 1px solid black; width: 100px;"></div>	\$ <div style="border: 1px solid black; width: 100px;"></div>	<div style="border: 1px solid black; width: 100px;"></div>	<div style="border: 1px solid black; width: 100px;"></div>	<div style="border: 1px solid black; width: 100px;"></div>

Total Household Members (Children and Adults)

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

<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	X	X	X	X
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Contact information and adult signature BLUE EYE SCHOOL DISTRICT, 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."

Street Address (if available)		Apt #		City		State		Zip		Daytime Phone and Email (optional)	
Printed name of adult completing the form										Signature of adult completing the form	
DO NOT FILL OUT THIS SECTION										Today's date	

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

Signature of adult completing the form _____ Today's date _____

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

Food Stamps/Temporary Assistance Household size: _____ Total income: _____ Per: ☐ Week ☐ Every 2 Weeks ☐ Twice a Month ☐ Month ☐ Year

Eligibility: ☐ Free ☐ Reduced ☐ Denied Reason: _____

Determining Official's Signature: _____ Date withdrawn: _____

Confirming Official's Signature (For verification purposes only): _____ Date Approved/Denied: _____

INSTRUCTIONS

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 <ul style="list-style-type: none"> - Disability Payments - Survivor's Benefits 	<ul style="list-style-type: none"> - A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Income from person outside the household	- A friend or extended family member regularly 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
<ul style="list-style-type: none"> - Salary, wages, cash bonuses - Net income from self-employment (farm or business) 	<ul style="list-style-type: none"> - Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits 	<ul style="list-style-type: none"> - Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household
<p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing 		

OPTIONAL

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 ☐ A

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, 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.

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 Central Office 417-779-5332.

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">• Children age 18 or under AND are supported with the household's income;• In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;• Students attending Blue Eye School PK - 12, regardless of age.			
List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.	Building name/Grade. If child is a student, list building name and grade.	Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4. 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.	Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.
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">• The Supplemental Nutrition Assistance Program (SNAP)• Temporary Assistance for Needy Families (TANF)• The Food Distribution Program on Indian Reservations (FDPIR).			
If no one in your household participates in any of the above listed programs:	If anyone in your household participates in any of the above listed programs:		
<ul style="list-style-type: none">• Leave STEP 2 blank and go to STEP 3.	<ul style="list-style-type: none">• 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 or the Stone County Division of Family Services.• Go to STEP 4.		
STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS			
How do I report my income?			
<ul style="list-style-type: none">• Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children," printed on the back side of the application form to determine if your household has income to report.• Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.<ul style="list-style-type: none">○ Gross income is the total income received before taxes○ Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.			
(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:
 - o People who live with you but are not supported by your household's income AND do not contribute income to your household.
 - o Infants, Children and students already listed in STEP 1.

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 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.

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 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.

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 District, 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.

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: _____