

Return Completed Application to: Conestoga Public Schools					
Part 1: Children in School					
List names of all children in school (First, Middle Initial, Last). If <u>all</u> children listed are foster, skip to Part 4 to sign the form. If some of the children are foster or are homeless, migrant or runaway children, complete all steps of the application.	Grade	Name of School Child Attends	Check all that apply: Foster Child <input type="checkbox"/> Homeless, Migrant, Runaway <input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
Part 2: Assistance Programs – SNAP, TANF or FDPIR Benefits					
Enter MASTER CASE NUMBER if household qualifies for SNAP, TANF or FDPIR: (Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4					
Part 3: Total Household Gross Income – You must tell us how much and how often.					
1. Household Members List everyone in the household, current income each person earns in whole dollars (no cents) & how often. Entering "0" or leaving the income field blank certifies no income to report. A foster child's personal use income must be listed.	2. Gross Income (before taxes) and How Often it was Received				
	Earnings from Work before deductions		Public Assistance, Child Support, Alimony		Pensions, Retirement and All Other Income
	Income	How often	Income	How often	Income How often
Total Number of Household Members: _____ (Children and Adults)	Last four digits of Social Security Number (SSN) of the adult signing this form: XXX – XXX – _____ Check if no SSN <input type="checkbox"/>				
Part 4: Adult Signature and Contact Information – An adult household member must sign the application.					
<i>"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."</i>					
Sign here: _____		Print name: _____		Date: _____	
Street Address (if available): _____			Zip: _____		Daytime Phone: _____
Part 5: Children's Ethnic and Racial Identities – Optional					
Check one Ethnic Identity: – and – Check one or more Racial Identities:					
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Asian		<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> White		<input type="checkbox"/> American Indian or Alaskan Native	
				<input type="checkbox"/> Native Hawaiian or other Pacific Islander	
Do Not Fill Out the Section Below - For School Use Only					
Annual Income Conversion: Weekly X 52; Every 2 weeks X 26; Twice a month X 24; Monthly X 12					
Total Household Size: _____		<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/> Income Reason for denial: <input type="checkbox"/> Categorically eligible: <input type="checkbox"/> Income too high <input type="checkbox"/> SNAP/TANF/FDPIR <input type="checkbox"/> Incomplete application <input type="checkbox"/> Foster Child <input type="checkbox"/> Homeless/Migrant/Runaway: (Official Documentation Required at School)			
Total Income: _____ per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> 2 X Mo <input type="checkbox"/> Every 2 Wks <input type="checkbox"/> Week					
Signature of Determining Official: _____			Date Approved: _____		
FOR THE VERIFICATION PROCESS ONLY:					
Signature of Confirming Official: _____			Date Confirmed: _____		
Signature of Verifying Official: _____			Date Verified: _____		
			Date Withdrawn From School: _____		

Sharing Information with Other Programs - Optional

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced-Price School Meals Application may be shared with other programs for which your children may qualify.

For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.

Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with any of the following associated fees per activity and/or grade. Please check appropriate selection.

- ☐ Conestoga Activity Fee (Student Season Pass, as determined in Policy #5045 Student Fees)
- ☐ Conestoga Participation Fee for extracurricular activities or athletics (Student Season Pass, as determined in Policy #5045 Student Fee)
- ☐ PSAT Test (Preliminary SAT, 11th grade)
- ☐ ACT Test (American College Testing, grades 9-12)
- ☐ Duke TIP (7th grade)
- ☐ Field Trips
- ☐ Music, Band and Vocal
- ☐ Laptop/iPad Consent/Usage Fee
- ☐ Backpack Lunch Program
- ☐ Scholarships
- ☐ Cheer or Dance Team
- ☐ Ag Program

If you checked “yes” to any or all of the boxes above, complete the following form to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **Neleigh Trofholz or Mr. Michael Apple** at **402-235-2992; 402-227-2992** or email at **ntrofholz@conestogacougars.org**

Return this form to 8404 42nd St, P.O. Box 184, Murray, NE 68409 by or before the first date of attendance.