

Return Completed Application to:

Conestoga District Office: Attn. Neleigh Trofholz

Part 1: Children in School

List names of all children in school (First, Middle Initial, Last). If all 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.

Table with columns: Grade, Name of School Child Attends, Foster Child, Homeless, Migrant, Runaway. Includes checkboxes for each category.

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.

Table with 2 main sections: 1. Household Members and 2. Gross Income (before taxes) and How Often it was Received. Includes sub-headers for Earnings from Work, Public Assistance, Child Support, Alimony, Pensions, Retirement and All Other Income.

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

Part 4: Adult Signature and Contact Information – An adult household member must sign the application.

"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."

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: Hispanic or Latino, Not Hispanic or Latino, Asian, White, Black or African American, American Indian or Alaskan Native, 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: Total Income: per Year Month 2 X Mo Every 2 Wks Week. Free, Reduced, Denied. Reason for denial: Income too high, Incomplete application.

Signature of Determining Official: Date Approved:

FOR THE VERIFICATION PROCESS ONLY: 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, 11<sup>th</sup> grade)
- ACT Test (American College Testing, grades 9-12)
- Duke TIP (7<sup>th</sup> 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 42<sup>nd</sup> St, P.O. Box 184, Murray, NE 68409 by or before the first date of attendance.**