



An Idaho public charter school creating patriotic & educated leaders  
Located in the Historic New Sweden Building  
1736 S 35<sup>th</sup> W, Idaho Falls, Idaho

## DIRECTORY INFORMATION RELEASE FORM

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

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

Throughout the course of the school year, the media may be in our school or at school-sanctioned events to cover our activities. Often, they are present at our request to showcase our students and teachers engaged in exciting educational activities. At times, the media has requested permission to cover a particular story. The majority of the media coverage featuring students is considered “human interest” stories that are neither controversial in nature nor contain sensitive subject matter.

It is important to understand this practice applies only to the “human interest” stories mentioned above. In instances where the principal/designee has a concern about maintaining student confidentiality of or the sensitive nature of media related stories, parental permission will be sought prior to allowing the student to participate.

In accordance with the *Family Educational Rights and Privacy Act*, AHCS includes the following in its classification of **directory information**: student name, address; telephone number; date of birth; photographic images of the student being individually recognized or participating in regular classroom or school authorized activities. Participation in officially recognized activities and sports, weight and height of members of athletic teams; degrees and awards received are also considered directory information.

AHCS understands that some parents have concerns about their child being identified by picture and name in the media. **IF you object to having your child participate in media coverage where your child will be identified by both photo and name**, please complete the section below and return it.

AHCS will keep a record of the names of those students whose parent/legal guardian have denied release of all directory information. A separate record will be kept of the names of students who are prohibited from media access. **Please note, your permission will be assumed if AHCS doesn’t have this completed form on file indicating your preference.**

If you have any questions or concerns about this subject, please contact AHCS’s principal/designee. He or she will be happy to discuss the issue and answer any questions you may have.

### Please check applicable box:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	AHCS may use photographs or video that include my child for school-related publications (e.g., newsletters, yearbook, web site)
<input type="checkbox"/>	<input type="checkbox"/>	My child may participate in media stories about the school or relating to their achievements.
<input type="checkbox"/>	<input type="checkbox"/>	AHCS may release my child’s birthday information to the Parent-Faculty Association.
<input type="checkbox"/>	<input type="checkbox"/>	AHCS may release my contact information to the Parent-Faculty Association for the purpose of facilitating their communication with parents about school events.

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

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date

“The advancement and diffusion of knowledge is the only guardian of true liberty.”  
~James Madison



## STANDARD STUDENT RESIDENCY QUESTIONNAIRE

This questionnaire is intended to address the McKinney-Vento Act. Your responses will help the administrator determine residency status for enrollment of this student and whether or not additional support and services may be available to the student.

1. Presently, where is the student living? **CHECK ONE BOX IN EITHER SECTION A OR SECTION B**

Section A	Section B
<p><input type="checkbox"/> In a shelter, transitional housing or awaiting foster care</p> <p><input type="checkbox"/> With more than one family in a house or an apartment due to loss of housing or economic hardship</p> <p><input type="checkbox"/> In a temporary trailer, campground, car or park</p> <p><input type="checkbox"/> In a hotel or motel</p> <p>CONTINUE: If you checked a box in Section A, complete #2 and the remainder of this form.</p>	<p><input type="checkbox"/> Choices in Section A do not apply</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;"><u>STOP</u></p> <p>If you checked this section, you do <b>NOT</b> need to complete the remainder of this form. Submit to school personnel. Thank you.</p>

2. The student lives with:

- |   |   |
|---|---|
| <p><input type="checkbox"/> 1 parent</p> <p><input type="checkbox"/> 2 parents</p> <p><input type="checkbox"/> 1 parent and another adult</p> | <p><input type="checkbox"/> a relative, friend(s) or other adult(s)</p> <p><input type="checkbox"/> alone with no adults</p> <p><input type="checkbox"/> an adult that is not eh parent or legal guardian</p> |
|---|---|

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

Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Name of Parent(s)/Legal Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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

School Use Only-Administrator determination of Section A circumstances:

If the parent/guardian has checked Section B above, completion of form is not required. For any choices in Section A, this form must be Immediately routed to appropriate personnel. The original form must be kept separately from the Student Permanent Record for audit purposes during the year.

The name and phone number of a school contact person who may know of the family's situation:

\_\_\_\_\_ Phone \_\_\_\_\_

## School District #91 REQUEST FOR TRANSPORTATION

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

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School Building Attending: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

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

Phone Number: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Emergency Contacts: Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contacts: Name \_\_\_\_\_ Phone \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

—

Please list any special needs or requirements the transportation staff may need to be aware of.

### **\*Transportation Use Only\***

Bus Stop \_\_\_\_\_

Pick up Route # \_\_\_\_\_ Drop off Route # \_\_\_\_\_

Special Notes \_\_\_\_\_

2018-2019 Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil). **INCOMPLETE APPLICATIONS WILL BE DENIED.**

**\*\*If you received notification this school year that your child(ren) is approved for free meals – do NOT complete this form.**

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)

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.

Child's First Name	MI	Child's Last Name	School & District	Grade	Student? Yes No	Foster Child	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"/>	<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"/>

Check all that apply

STEP 2

Provide case number if any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TAFI, or FDPIR

If NO CASE NUMBER > Go to STEP 3.

If CASE NUMBER > Write one case number here, then go to STEP 4 (Do not complete STEP 3)

Case Number:

STEP 3

Report GROSS Income (before deductions) for ALL Household Members (Skip this step if you answered 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.

**A. Child Income**  
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child income

\$

How often?

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

**B. All Adult Household Members (including yourself)**  
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 total 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?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?						
		Weekly	Bi-Weekly	2x Month	Monthly		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"/>
	\$					<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"/>

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

X X X

X X

Check if no SSN ☐

STEP 4

Contact information and adult signature (all applications MUST be SIGNED by an adult member of the household)

PROVIDE COMPLETED FORM TO THE SCHOOL

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 signing the form

Signature of adult

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

## 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.

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:

mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

fax: (202) 690-7442; or  
email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

Do not fill out

**FOR OFFICIAL USE ONLY****(Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12)**Categorically Eligible ☐

How often?

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

Eligibility:

Free	Reduced	Denied
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date 1<sup>st</sup> Notice Sent:Date 2<sup>nd</sup> Notice Sent:

Total Income

Household Size

Results: ☐ No Change☐ F → R☐ R → F☐ Ineligible – Reason:

Determining Official's Signature

Date

Confirming Official's Signature

Date

Verifying Official's Signature

Date