

# AUBURN SCHOOL - ENROLLMENT PACKET

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

## PARENT CHECKLIST:

## REQUIRED DOCUMENTS

- Picture ID of Parent / Guardian \_\_\_\_\_
- Birth Certificate \_\_\_\_\_
- Immunization / Health Records \_\_\_\_\_
- Court Order / Custody Agreement \_\_\_\_\_

**Proof of Residency:** Parent or Guardian must provide **TWO (2)** current documents as proof of residence. Acceptable Documentation – reflecting name and physical street address (not Post Office Box) – Includes, but is not limited to:

Purchase and Sale Agreement, Certificate of Occupancy, Warranty Deed, Property Tax Assessment, Lease Agreement, Mortgage Statement, Utility Bill, Court Order or Residency Affidavit if living with another family.

**The completed registration forms and all required papers listed below should be returned to the school as soon as possible. No child will be enrolled in school without the return of these mandatory documents:**

- Registration Form
- Home Language Survey
- Special Learning Needs
- Annual Health Information Sheet
- Student Health History
- Release of Records

# Auburn Village School Student Information and Emergency Dismissal Form

## Student Information

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Sex (circle): Male / Female Primary Phone: \_\_\_\_\_ Primary Email: \_\_\_\_\_

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

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

Siblings at Auburn Village School:

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

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

## Transportation

Bus #: \_\_\_\_\_ Commuter: Yes / No Notes: \_\_\_\_\_

## Parent / Guardian Information

Parent/Guardian 1: \_\_\_\_\_ Relationship to Child: Mother / Father / Legal Guardian

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address (If different): \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Relationship to Child: Mother / Father / Legal Guardian

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address (If different): \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Custody

Student lives with

(circle all that apply): Both Parents / Mother / Father / Mother + Other / Father + Other / Guardian(s) / Other Family / Multiple Homes / Other

Are there any legal restrictions or custody issues we should be aware of: Yes / No

**Please provide all legal documentation or court papers to the Main Office. We can not be responsible for materials we have not seen.**

## Emergency Information

Contact 1: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Contact 2: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Contact 3: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Contact 4: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

## Emergency Dismissal

**In case of an emergency dismissal: 1. Your child may be dismissed home on the bus, 2. To a neighbor on the bus, or 3. Bused to an evacuation site to be picked up by you. Note: All children second grade or lower without siblings will automatically be bused to an evacuation site. Parents will then be notified by phone where to pick up their children.**

Please circle one of the following: To Home / To Neighbor / To Evacuation Site Bus #: \_\_\_\_\_

Neighbor Name: \_\_\_\_\_ Address of Neighbor (if applies): \_\_\_\_\_

## Other Information

Ethnicity (Please check all that apply):

\_\_\_ White/Caucasian \_\_\_ Hispanic \_\_\_ American Indian/Alaskan Native \_\_\_ Native Hawaiiin/Pacific Islander

\_\_\_ Black/African American \_\_\_ Asian

Is a language other than English spoken in the home: Yes / No If so, what language: \_\_\_\_\_

Does your child have an Individual Education Plan (IEP) or 504 Plan (circle all that apply): IEP / 504 / None

Does one or more parent or guardian of this child currently serve full time in the regular military? Yes / No

Does one or more parent or guardian of this child currently serve full time in the National Guard? Yes / No

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

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

**My signature indicates that the above information is correct.**

# Home Language Survey

School: \_\_\_\_\_ District: \_\_\_\_\_ Date: \_\_\_\_\_

## Student Information:

First Name Middle Last Name Date of Birth Gender

Country of Birth Date of entry in U.S. Date first enrolled in U.S. School Grade

## Family Information:

Name of parent/legal guardian Address

Phone Number Please translate school notices in (Language)

## Questions for Parents/Guardians:

Please list all languages spoken in your home: \_\_\_\_\_

Which Language did your child first hear or speak? \_\_\_\_\_

**If English is the only language listed, stop here. If another language is listed, please answer the rest of the questions:**

Which language(s) do you speak to your child? \_\_\_\_\_

Which language(s) does your child speak at home with adults? \_\_\_\_\_

Which language(s) does your child speak at home with other children? \_\_\_\_\_

**For Parents and Guardians:** If a language other than English is listed above, an ESOL teacher will test your child to find out if he or she can speak, understand, read, and write well in English. The results will be sent to you within 30 days. Based on the results of the test, your child may be eligible to enroll in an English language (ESOL) class at school. Parents/guardians may accept or decline ESOL program services for their child.

## Instructions for survey administrator:

Please provide an interpreter when necessary.

If responses indicate a language other than English, please contact the ESOL teacher and provide her/him with a copy of this survey. Date of referral to ESOL teacher: \_\_\_\_\_

File original Home Language Survey in student's cumulative folder.

# Auburn Village School

## SPECIAL LEARNING NEEDS

To help us identify children with possible special learning needs, please fill in the information on the form below at the time of registration.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

1) Has your child ever been enrolled in a special education class?

Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please answer the following questions:

What was the name of the program? \_\_\_\_\_

Was your child in special education at the time he/she transferred to this school?

Yes \_\_\_\_\_ No \_\_\_\_\_

How many hours did your child spend per day in a special education program?

Hours/Day \_\_\_\_\_

Did your child have an Individualized Educational Program?

Yes \_\_\_\_\_ No \_\_\_\_\_

At the most recent annual review, what was the recommendation for program placement? \_\_\_\_\_

\_\_\_\_\_

2) Has your child ever received additional help such as instruction by a reading specialist, Title One tutor, or speech/language specialist?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe: \_\_\_\_\_

\_\_\_\_\_

3) Was your child on a 504 Plan? Yes \_\_\_\_\_ No \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUBURN VILLAGE SCHOOL  
HEALTH SERVICES  
ANNUAL HEALTH INFORMATION UPDATE**

Your child's health and safety is of utmost concern to the school staff. It is essential that the school nurse be notified when a child is diagnosed with an allergy or other medical condition or begins taking medication at home. Please call the school nurse whenever you have a concern or new information relative to your child's health and safety.

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade/Teacher \_\_\_\_\_

Allergies (to food, insect stings, meds, etc) \_\_\_\_\_  
Reaction/symptoms \_\_\_\_\_

Medical concerns, please check any that apply:

Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_ Seizures \_\_\_\_\_ Head injury \_\_\_\_\_ Heart Condition \_\_\_\_\_  
Urinary or Kidney condition \_\_\_\_\_ Skin problems \_\_\_\_\_ Depression \_\_\_\_\_ Anxiety \_\_\_\_\_  
Attention Deficit Disorder (ADD/ADHD) \_\_\_\_\_ Frequent headaches \_\_\_\_\_ Other \_\_\_\_\_  
Frequent ear infections \_\_\_\_\_ Hearing problems \_\_\_\_\_ Vision problems \_\_\_\_\_  
Bowel problems \_\_\_\_\_ Frequent stomachaches \_\_\_\_\_ Frequent nosebleeds \_\_\_\_\_

Has your child had any illness or injury over the summer? \_\_\_\_\_

Indicate the dates of any immunizations your child has had during the past year.

Tetanus (Td) \_\_\_\_\_ MMR \_\_\_\_\_ Hepatitis B \_\_\_\_\_ Varicella (Chickenpox) \_\_\_\_\_

*Please follow-up with written documentation from your provider.*

Have there been any changes in your family and/or problems you wish to share with the school? Feel free to call or a confidential note. \_\_\_\_\_

Explain any physical limitations or disability your child has and any modification or restriction necessary to accommodate your child's health or safety. \_\_\_\_\_

Medical aids: \_\_\_\_\_ glasses/contacts \_\_\_\_\_ hearing aids \_\_\_\_\_ crutches \_\_\_\_\_ braces \_\_\_\_\_ wheelchair  
\_\_\_\_\_ other If other, please explain: \_\_\_\_\_

Medications: please contact school nurse to make arrangements for medications in school.

At school:	_____	dosage _____	time _____	reason _____
	_____	dosage _____	time _____	reason _____
At home:	_____	dosage _____	time _____	reason _____
	_____	dosage _____	time _____	reason _____

Physician's Name \_\_\_\_\_ Tel # \_\_\_\_\_

- I understand that there may be times the nurse may need to speak with our physician.
- I would like more information about low cost health insurance for my child.

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

**PLEASE COMPLETE THE OPPOSITE SIDE**

**Auburn Village School**  
**Parental Permission Form for Over-the-Counter Medications**

Dear Parent/Guardian:

The New Hampshire School Nurse is a Registered Nurse who manages School Health Services to facilitate and strengthen the educational process for all students within the school setting. Although not encouraged, I realize that Over-The Counter (OTC) medications are sometimes appropriate and, in fact, necessary. Under the NH Department of Education administrative rule, Ed 311.02, parents may give written permission for a child to receive short-term OTC medication at school. **A new form must be completed each year.**

The decision to administer such medication/treatment is that of the School Nurse. Please understand that these will only be administered to relieve symptoms of occasional pain and/or discomfort and should not be used as a substitute for chronic health problems or to keep an ill child in school.

If your child seems to need any of these medications more often than occasionally or I have concerns regarding the use of any of these medications, I may request that you have a health care provider's evaluation and authorization to continue giving the medication. You may be asked to provide a supply for your child as well; all medications must be delivered to school by an adult in the original container. Any medication left at the end of the year will be disposed of within one week of the end of school.

Below is a list of over-the-counter items available in the Health Office. Any other item must be supplied by the parent (original container, delivered by an adult). **Please check those items that you authorize your child to receive:**

Oral medications

- Acetaminophen (generic Tylenol), **tablets** dosage by age/weight
- Ibuprofen (generic Advil/Motrin) **tablets** dosage by age/weight
- Benadryl elixir/tablets, dosage by age/weight for significant allergy
- Antacid tablets (chewable)
- Chloraseptic type spray for minor sore throat
- Cough Drops

Other (parents must supply): \_\_\_\_\_

Reason for use: \_\_\_\_\_

For your information, the following topical medications are used for first aid: Please indicate if not allowed by crossing off

- Calamine/Caladryl lotion
- Hydrocortisone cream
- Antibiotic ointment (such as Bacitracin)
- Sting-kill insect bite swabs (Benzocaine 6%)
- Bactine, Burngel,
- Sunscreen, Insect repellent

Thank you for your cooperation  
Jennifer Bernier, MS, RN, CNL  
School Nurse

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

- My child has no known allergies.
- My child is allergic to: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(parent/guardian)

Print Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**PLEASE TURN OVER AND COMPLETE THE BACK OF THIS FORM**



# Auburn Village School

## Student Health History

Please complete and return to the School Nurse to assist us in meeting your child's needs.

Student's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Sex: M F Entering Grade: \_\_\_\_\_ Parent's names: \_\_\_\_\_

Primary Health Care Provider: \_\_\_\_\_

Dentist: \_\_\_\_\_

Please circle the appropriate number if any of the following conditions apply to your child and give a brief explanation in the space provided below. If needed, additional information may be given on the reverse side.

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>01 Allergy-Bee Sting (Requires medication)</li> <li>02 Allergy-Food (Restrictions, Treatment?)</li> <li>03 Allergy-Medication (list below)</li> <li>04 Allergy-Pollen/Dust/Hayfever</li> <li>05 Allergy-Unknown Cause</li> <li>06 Anemia</li> <li>07 Arthritis (Rheumatoid)</li> <li>08 Asthma-Mild</li> <li>09 Asthma-Requires Medication</li> <li>10 Birth Defect (Chromosomal Disorder)</li> <li>11 Blood Disorder</li> <li>12 Blood/Blood Products (Religious Exclusion)</li> <li>13 Bowel/Bladder Problems</li> <li>14 Cancer/Leukemia</li> <li>15 Cerebral Palsy</li> <li>16 Color Blindness</li> <li>17 Cystic Fibrosis</li> <li>18 Diabetes</li> <li>19 Eating Disorder/Under/Overweight</li> <li>20 Endocrine Disorder</li> <li>21 Epilepsy/Seizures</li> <li>22 Eczema/Persistent rash</li> <li>23 Growth Disorder</li> <li>24 Heart Disease/Defect/Murmur</li> </ul> | <ul style="list-style-type: none"> <li>25 Hemophilia</li> <li>26 Hyperactivity</li> <li>27 Kidney Disease</li> <li>28 Medication Prescribed</li> <li>29 Menstrual Cramps (Severe)</li> <li>30 Migraine Headaches</li> <li>31 Muscular Dystrophy</li> <li>32 Nosebleeds (Frequent)</li> <li>33 Orthopedic/Bone/Muscle Problems</li> <li>34 Physical Activity Limitation (Requires Physician's Note)</li> <li>35 Rheumatic Fever History</li> <li>36 Scoliosis</li> <li>37 Sickle Cell Anemia</li> <li>38 Speech Problem</li> <li>39 Surgery</li> <li>40 Tuberculosis</li> <li>41 Other</li> <li>42 No Known Health Problems</li> </ul> |
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Has your child had the chickenpox? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give date \_\_\_\_\_

**OVER**

Has your child had a professional eye exam? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of last exam \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Does he/she wear glasses? \_\_\_\_\_ All the time? \_\_\_\_\_

Any other problems with vision? \_\_\_\_\_

Has your child had any hearing problems? \_\_\_\_\_

Has he/she had frequent ear infections? \_\_\_\_\_

Has he/she seen an ear specialist? \_\_\_\_\_

Name of specialist: \_\_\_\_\_ Address: \_\_\_\_\_

Ear tubes: Yes \_\_\_\_\_ No \_\_\_\_\_ Are they still in place? \_\_\_\_\_

Does your child take any regular medication, including over the counter medications? \_\_\_\_\_

Please list medications: \_\_\_\_\_

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

Please use this area for additional comments or call the School Nurse at 483-2769 ext. 1107 Thank you

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**OVER**





# Auburn School District

## *AUTHORIZATION TO RELEASE STUDENT RECORDS*

**AUBURN SCHOOL BOARD**  
School Administrative Unit No. 15  
90 Farmer Road  
Hooksett, NH 03106  
Telephone 603-622-3731

**Superintendent**  
William Rearick

**Assistant Superintendent**  
Marge Polak

**Business Administrator**  
Amy Ransom

**AUBURN VILLAGE SCHOOL**  
11 Eaton Hill Road  
Auburn, NH 03032  
Telephone 603-483-2769  
www.auburn.sau15.net

**Principal**  
Lori Collins

**Assistant Principal**  
Lindsay Murray

**Director of Student Services**  
Deena Jensen

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

Previous school: \_\_\_\_\_

Previous school's address: \_\_\_\_\_

\_\_\_\_\_, born on \_\_\_\_\_  
Student Name D. O. B.

Has enrolled in our school. He/She is enrolled in grade \_\_\_\_\_, effective \_\_\_\_\_.

Please send a copy of all records, including transcripts of grades, attendance, health records, test results, special education information, and all pertinent information concerning this student.

Thank you for your cooperation.

Respectfully,

Lori Collins  
Principal

I hereby authorize the \_\_\_\_\_ School to release all educational records pertaining to my child to the Auburn Village School.

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

\_\_\_\_\_  
Date

**AUBURN SCHOOL DISTRICT  
ADMISSION OF NONRESIDENT STUDENTS**

**I. For those persons in the process of moving into Auburn**

To temporarily accommodate parents who are not residents of Auburn, who are in the process of moving into Auburn who wish to have their child(ren) attend the Auburn school district, the following shall apply:

- A. There will be no tuition charged if the parent establishes residency in Auburn on or before the thirtieth (30) school day following the enrollment of the child(ren) into the Auburn school district.
- B. The Superintendent must approve the application to enroll a nonresident child(ren) into the Auburn school district if the enrollment extends beyond thirty (30) school days from the initial day of entry into school. The Superintendent will evaluate the situation and take the following action:
  - 1. Require payment of tuition;
  - 2. Require the child(ren) to be removed from school;
  - 3. Or take any other action the Superintendent deems appropriate.
- C. The parent must provide transportation at his/her expense to transport the child(ren) to school until such time as the parent establishes residency in Auburn.

**II. For those persons in the process of moving out of Auburn**

To temporarily accommodate parents who are in the process of moving out of Auburn who wish to have their child(ren) continue to attend the Auburn school district the following shall apply:

- A. There will be no tuition charged if the parent withdraws his/her child(ren) from the Auburn school district on or before the thirtieth (30) school day following the move of the parent out of the Auburn School District.
- B. The Superintendent must approve the application to permit a nonresident child(ren) to remain enrolled in the Auburn school district if the enrollment extends beyond thirty (30) school days from the date on which the parents moved out of Auburn. The Superintendent will evaluate the situation and take the following action:
  - 1. Require payment of tuition;
  - 2. Require the child(ren) to be removed from school;
  - 3. Or take any other action the Superintendent deems appropriate.

- C. The parent must provide transportation at his/her own expense to transport the child(ren) to school.

**III. Admission of Nonresident Students**

- A. It is the policy of the Auburn School Board not to accept students into the Auburn school system who are not legal residents of the Auburn School District.
- B. This policy applies to all students from kindergarten through graduation from high school.
- C. The only exceptions to this policy will be for those persons in the following situations:
  - 1. Those persons in the process of moving into Auburn see I above.
  - 2. Those persons in the process of moving out of Auburn see II above.
  - 3. Those persons from other school districts in New Hampshire who are under a reciprocal agreement with the Auburn School District, who are placed in special education classes in the Auburn school system, the tuition is paid by the sending school district in accordance with RSA 186-C:13.

Proposed: September 11, 1986  
Adopted: October 9, 1986  
Adopted: September 14, 1989  
Adopted: November 14, 2000  
Reviewed: January 13, 2009  
Revised: May 12, 2011  
Revised: January 12, 2016

**Legal References:**  
RSA 186-C:13, RSA 193:3  
RSA 193:12

**AUBURN SCHOOL DISTRICT  
RESIDENCY**

Residency for the purpose of enrollment in a district school shall be defined by RSA 193:12.

**Legal Residence of Pupils**

The new law defines a student's legal residency, in the case of a minor, legal residence is where his/her parents reside, except that:

1. If the parents live apart and are not divorced, legal residence is the residence of the parent with whom the child resides.
2. In a divorce decree where parents are awarded joint legal custody, the legal residence of a minor child is the residence of the parent with whom the child resides. If a parent is awarded sole or primary physical custody by a court of competent jurisdiction in this or any other state, legal residence of a minor child is the residence of the parent who has sole or primary physical custody. If the parent with sole or primary physical custody lives outside the state of New Hampshire, the pupil does not have residence in New Hampshire.
3. If the minor is in the custody of a legal guardian appointed by a New Hampshire court of competent jurisdiction or a court of competent jurisdiction in another state, territory, or country, legal residence is where the guardian resides. If the Department of Health and Human Services has been appointed legal guardian, the residence of the minor is where the child is placed by the department or the court. Legal guardianship shall not be appointed solely for the purpose of allowing a pupil to attend school in a district other than the district of residence of the minor's parent or parents.

Legal resident of a school district means a person who lives in a district and who, if temporarily absent, demonstrates an intent to maintain a principal dwelling place in the school district indefinitely. A married person may have domicile independent of the domicile of his/her spouse. A person may have only one legal residence at a given time.

# FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. Auburn Village School offers healthy meals every school day. Breakfast costs \$1.50; lunch costs \$2.90. Your children may qualify for free meals or for reduced price meals. Reduced price is \$0.40 for lunch, There is no charge for reduced breakfast at this time. Below are some common questions and answers to aid in the process of determining your child's eligibility.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from [State SNAP], [the Food Distribution Program on Indian Reservations (FDPIR)] or [State 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 ELIGIBILITY INCOME CHART For School Year 2019-2020**

Household size	Yearly	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
Each additional person:	\$ 8,177	\$ 682	\$ 158

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.

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 [school, homeless liaison or migrant coordinator].
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: Nutrition Services Director; Sarah Belanger 11 Eaton Hill Rd. Auburn, NH 03032 [sbelanger@sau15.net](mailto:sbelanger@sau15.net).
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 Nutrition Services Director; Sarah Belanger 11 Eaton Hill Rd. Auburn, NH 03032 [sbelanger@sau15.net](mailto:sbelanger@sau15.net). immediately.
5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit [website] to begin or TO learn more about the online application process. Contact Nutrition Services Director; Sarah Belanger 11 Eaton Hill Rd. Auburn, NH 03032 [sbelanger@sau15.net](mailto:sbelanger@sau15.net). if you have any questions about the online application.
6. 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.

7. 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.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. 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.
10. 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: AMY RANSOM 90 FARMER RD. HOOKSETT NH 622-3731
11. 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.
12. 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.
13. 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.
14. 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.
15. 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 [Nutrition Services Director; Sarah Belanger 11 Eaton Hill Rd. Auburn, NH 03032 sbelanger@sau15.net. to receive a second application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP, TANF, FDPIR or other assistance benefits, contact your local assistance office or call 603 271-9700 or 844-275-3447.

If you have other questions or need help, call [phone number] Nutrition Services Director; Sarah Belanger 11 Eaton Hill Rd. Auburn, NH 03032 sbelanger@sau15.net..

Sincerely,

**Sarah Belanger**

*This institution is an equal opportunity provider.*

# 2019-2020 Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

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

**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 Name	Grade	Student?		Foster	Homeless, Migrant, Runaway
					Yes	No		

Check all that apply

**STEP 2** Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? Circle one YES/NO

If NO > Go to STEP 3. If 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 space

**STEP 3** Report Income for ALL Household Members (Skip this step if you answered "Yes" to STEP 2)

### 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.

### 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?		Pension/Retirement/ All Other Income	How often?	
	Weekly	2x Month	Bi-Weekly	2x Month		Weekly	2x Month		Bi-Weekly	2x Month
	\$				\$			\$		
	\$				\$			\$		
	\$				\$			\$		
	\$				\$			\$		
	\$				\$			\$		

Total Household Members (Children and Adults)

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

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
-------------------------------------	-------------------------------------	-------------------------------------	-------------------------------------

Check if no SSN

**STEP 4** Contact information and adult signature

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	- 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:

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.) e-mail: [program.intake@usda.gov](mailto:program.intake@usda.gov).

*This institution is an equal opportunity provider.*

Do not fill out For School Use Only

**\*Annual Income Conversion:** Weekly x 52; Every 2 Weeks x 26; Twice a Month x 24; Monthly x 12 (**\*INCOME: If mixed frequency is listed on application, convert to "YEARLY"**)

Total Income \$

How Often?	Weekly	Bi-Weekly	2xMonthly	Monthly	Annual

Household Size	Categorical Eligibility			Eligibility
	Free	Reduced	Denied	

Determining Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

Confirming Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

Verifying Official's Signature \_\_\_\_\_ Date \_\_\_\_\_



# 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 [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 Auburn Village School; Nutrition Services Director Sarah Belanger 483-2769 ext. 5 or [sbelanger@sau15.net](mailto:sbelanger@sau15.net)

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.

### Whoshouldlsththere?

When filling out this section, please include all members in your household who are:

- 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 [Auburn Village School or Pinkerton Academy] regardless of age.

A) *List each child's name.* For each child, print their first name, middle initial and last 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) *Is the child a student at Auburn Village School or Pinkerton Academy?* Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend Auburn Village School or Pinkerton Academy.

C) *Do you have any foster children?* If any children listed are foster children, mark the "Foster Child" box next to the child's name. Foster children who live with you may count as members of your household and should be listed on your application. If you are *only* applying for foster children, after completing STEP 1, skip to STEP 4 of the application and these instructions.

D) *Are any children homeless, migrant, or runaway?* If you believe any child listed in this section may meet this description, please 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 (INCLUDING YOU) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS: SNAP, TANF, OR FDPIR?

If any one in your household participates in the assistance program listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP) or NH Department of Health and Human Services 271-9700
- Temporary Assistance for Needy Families (TANF)
- The Food Distribution Program on Indian Reservations (FDPIR)

A) IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:

- Circle 'NO' and skip to STEP 3 on these instructions and STEP 3 on your application.
- Leave STEP 2 blank.

B) IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:

- Circle 'YES' and provide a NH case number for SNAP, TANF, or FDPIR. You only need to write one case number. If you participate in one of these programs and do not know your case number, contact: [State/local agency contacts here]. You must provide a case number on your application if you circled "YES".
- Skip to STEP 4.

## STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

A) Report all income earned by children. Refer to the chart titled "Sources of Income for Children" in these instructions and report the

combined gross income for ALL children listed in Step 1 in your household in the box marked "Total Child Income." Only count foster children's income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the 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. Use the chart below to determine if your household has child income to report.

Sources of Income for Children	
Sources of Child Income	Example(s)
<ul style="list-style-type: none"> <li>Earnings from work</li> </ul>	<ul style="list-style-type: none"> <li>A child has a job where they earn a salary or wages.</li> </ul>
<ul style="list-style-type: none"> <li>Social Security                             <ul style="list-style-type: none"> <li>Disability Payments</li> <li>Survivor's Benefits</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>A child is blind or disabled and receives Social Security benefits.</li> <li>A parent is disabled, retired, or deceased, and their child receives social security benefits.</li> </ul>
<ul style="list-style-type: none"> <li>Income from persons <i>outside</i> the household</li> </ul>	<ul style="list-style-type: none"> <li>A friend or extended family member <i>regularly</i> gives a child spending money.</li> </ul>
<ul style="list-style-type: none"> <li>Income from any other source</li> </ul>	<ul style="list-style-type: none"> <li>A child receives income from a private pension fund, annuity, or trust.</li> </ul>

FOR EACH ADULT HOUSEHOLD MEMBER:

### Who should list here?

When filling out this section, please include **all** members in your household who are:

- Living with you and share income and expenses, *even if 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.
  - Children and students already listed in Step 1

### How do I fill in the income amount and source?

#### FOR EACH TYPE OF INCOME:

- Use the charts in this section 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.
  - Gross income is the total income received before taxes or deductions.
  - 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.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will be counted as zeroes. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that your household income was reported incorrectly, your application will be verified for cause.
- Mark how often each type of income is received using the check boxes to the right of each field.

B) **List Adult Household member's name.** 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.

C) **Report earnings from work.** Refer to the chart titled "Sources of Income for Adults" in these instructions and report all 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?

If you are 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.

D) **Report income from Public Assistance/Child Support/Alimony.** Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the value of any cash value public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only **court-ordered** payments should be reported here. Informal but regular payments should be reported as "other" income in the next part.

E) **Report income from Pensions/Retirement/All other income.** Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

F) **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 determines your income cutoff for free and reduced price meals.

G) *Provide the last four digits of your Social Security Number.* The household's primary wage earner or another 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 SS#."

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> <li>• Strike benefits</li> </ul> <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> <li>• Basic pay and cash bonuses (<i>do NOT include combat pay, FSSA or privatized housing allowances</i>)</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> </ul>	<ul style="list-style-type: none"> <li>• Social Security (including railroad retirement and black lung benefits)</li> <li>• Private Pensions or disability</li> <li>• Income from trusts or estates</li> <li>• Annuities</li> <li>• Investment income</li> <li>• Earned interest</li> <li>• Rental income</li> <li>• <i>Regular</i> cash payments from outside household</li> </ul>

#### 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.

A) *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.

B) *Sign and print your name.* Print your name in the box "Printed name of adult completing the form." And sign your name in the box "Signature of adult completing the form."

C) *Write Today's Date.* In the space provided, write today's date in the box.

D) *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.

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](http://www.ascr.usda.gov/complaint_filing_cust.html), (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).

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