The Harvard Public Schools’ New Student Registration Packet

- PTO New Family Opt-In Form
- Enrollment Form
- Ethnicity Race Form
- Health Record Form
- Home Language Survey
- Interval Health History
- Military Family Status
- My School Bucks Registration Information
- New Student Health Requirements
- Free and Reduced Lunch Application
Hello New Family!

We are the 'New Family Liaison' committee for the Harvard Parent/Teacher Organization. We're so happy to have you and your family in town, welcome!

We hope to help make your transition to a new town and new school system a little easier by offering you a connection and some information we wish we would have had when we first moved to Harvard!

Should you have any questions about goings-on about town, local organizations, or where to find certain local business, you will be paired up with a member of our team that you can reach out to anytime. You'll also receive a list of helpful websites and town events to get you going!

If you’d like to opt-in to receive information and be paired with a member of our PTO team, please check the box below and provide your name, email address and names/ages of your children. Thanks so much and we look forward to meeting you soon!

OPT-IN (check please) ____

NAME ________________________________________________________________

EMAIL_______________________________________________________________

NAMES/AGES OF CHILDREN_____________________________________________

_______________________________________________________________

_______________________________________________________________
### ENROLLMENT FORM

**HARVARD PUBLIC SCHOOLS**
27A Massachusetts Ave.
HARVARD, MASSACHUSETTS

---

**Student Name:**

(Last) ____________________________________________ (First) ____________________________________________ *(Middle Name-not initial)  

---

**Gender** __________________________ **Race** __________________________ **Country of Origin** __________________________ **Child's First Language** __________________________

---

**Birth Date** __________________________ **Place of Birth** __________________________

(City, Town) __________________________ (State) __________________________ (Country) __________________________

---

**Previous School** __________________________ **Grade Level** __________________________ **Year** __________________________

---

**School Address:**

(Street) ____________________________________________ (City/Town) ____________________________________________ (State) ____________________________________________ (Zip) ____________________________________________ (Phone) ____________________________________________

---

**Low Income Status:** Receive MA Transitional Aid- **Y** or **N**  Receive Food Stamps- **Y** or **N**  *Years in US schools* __________________________

---

My child has the following (check if appropriate):  

- [ ] 504 Plan*  
- [ ] IEP*  
- [ ] ELL services*  
- [ ] Medical action plan

By enrolling my child, I authorize the sharing of information and the release of the student educational record from the previous school(s) (Grades/transcripts, Discipline, Attendance, Assessments, Special Education/504 Plans, and Progress Reports) to the Harvard Public Schools.  

*Indicates information required for Massachusetts State reporting.

---

**PARENT/GUARDIAN'S SIGNATURE:** ____________________________________________

---

I hereby authorize Harvard Public Schools to release our personal contact information to the Harvard PTO.  

- [ ] Yes  
- [ ] No

---

**PARENTS/STEP-PARENTS/GUARDIANS:**

**Parent 1 Name:**

(Last) ____________________________________________ (First) ____________________________________________  

(Middle Initial) ____________________________________________ (Occupation) ____________________________________________ (Work Phone) ____________________________________________

---

**Parent 2 Name:**

(Last) ____________________________________________ (First) ____________________________________________  

(Middle Initial) ____________________________________________ (Occupation) ____________________________________________ (Work Phone) ____________________________________________

---

**Home Address:**

(Street) ____________________________________________ (City/Town) ____________________________________________ (State) ____________________________________________ (Zip) ____________________________________________ (Phone) ____________________________________________

---

**Mailing Address (If Different):**

(Street) ____________________________________________ (City/Town) ____________________________________________ (State) ____________________________________________ (Zip) ____________________________________________ (Phone) ____________________________________________

---

**Email Address:** ____________________________________________

---

**Emergency Contact:**

(Name) ____________________________________________ (Address) ____________________________________________ (Phone) ____________________________________________ (Relationship) ____________________________________________

---

**Sibling Names and Dates of Birth:**

<table>
<thead>
<tr>
<th>D.O.B.</th>
<th>D.O.B.</th>
</tr>
</thead>
<tbody>
<tr>
<td>____________________________</td>
<td>____________________________</td>
</tr>
</tbody>
</table>

---

**NON-CUSTODIAL PARENT INFORMATION:**

**Parent's Name:**

(Last) ____________________________________________ (First) ____________________________________________  

(Middle Initial) ____________________________________________ (Occupation) ____________________________________________ (Work Phone) ____________________________________________

---

**Home Address:**

(Street) ____________________________________________ (City/Town) ____________________________________________ (State) ____________________________________________ (Zip) ____________________________________________ (Home phone) ____________________________________________

---

**DEFINE NON-CUSTODIAL PARENT PRIVILEGES:** ____________________________________________

---

Rev. 9/2016
Students Names: ____________________________________________________________

Parent/Guardian Signature: ____________________________________________________________________________

Section I: Ethnicity (select one)
____ Not Hispanic or Latino
____ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race)

Section II: Race (Select as many as apply)
____ American Indian or Alaska Native (A person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment)
____ Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)
____ Black or African American (A person having origins in any of the black racial groups of Africa.)
____ Native Hawaiian or other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.)
____ White (A person having origin in any of the original peoples of Europe, the Middle East, or North America.)

Section III:
Low Income Status (Check if applicable)
____ The student is eligible for free or reduced lunch: or receives Transitional Aid to Families benefits: or is eligible for food stamps.

Migrant Status (Check if applicable)
____ An indication of whether an individual or a parent/guardian accompanying an individual maintains primary employment in one or more agricultural or fishing activities on a seasonal or other temporary basis and establishes a temporary residence for the purpose of such employment.

Immigrant Status (Check if applicable)
____ An indication of whether a student is eligible for the Emergency Immigrant Education Program. The student must not have been born in any State (any of the 50 states, the Commonwealth of Puerto Rico, the District of Columbia, Guam, American Samoa, the Virgin Islands, the Northern Mariana Islands, or the territory of the Pacific Islands) and not having completed 3 full academic years of school in any state.

Country of Origin: ____________________________________________________________
(Country from which immigrant children have emigrated.)

Date of Child’s Immigration: ____________________________________________

Has your child attended another public school in Massachusetts? ____________

If so, please indicate the name and town of the school. ______________________________
**MASSACHUSETTS SCHOOL HEALTH RECORD**

**Health Care Provider’s Examination**

Name ___________________________ □Male □Female Date of Birth: ______________________

**Medical History**

**Pertinent Family History**

**Current Health Issues**

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Allergies: Please list: Medications _______ Food _______ Other _______</td>
<td></td>
</tr>
<tr>
<td>History of Anaphylaxis to _______ Epi-Pen: □Yes □No</td>
<td></td>
</tr>
<tr>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Asthma: Asthma Action Plan □Yes □No (Please attach)</td>
<td></td>
</tr>
<tr>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Diabetes: □Type I □Type II</td>
<td></td>
</tr>
<tr>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Seizure disorder:</td>
<td></td>
</tr>
<tr>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Other (Please specify)</td>
<td></td>
</tr>
</tbody>
</table>

**Current Medications (if relevant to the student's health and safety)** Please circle those administered in school; a separate medication order form is needed for each medication administered in school.

**Physical Examination**

Hgt: _______ (_____%) Wgt: _______ (_____%) BMI: _______ (_____%) BP: _______

*(Check = Normal / If abnormal, please describe.)*

□Lungs □Heart □Abdomen □Other

□General □Skin □HEENT

□Dental/Oral □Genitalia

**Screening:**

Vision: Right Eye □ □ Hearing: Right Ear □ □
Left Eye □ □ Left Ear □ □
Stereopsis □ □

□Postural Screening: □ □

(Scoliosis/Kyphosis/Lordosis)

**Laboratory Results:** □.ead _______ Date ________________ □Other

**The entire examination was normal:** □

**Targeted TB Skin Testing:** □Med-to-High risk (exposure to TB; born, lived, travel to TB endemic countries; medical risk factors):

Date of PPD: ___________ Results: ___________ mm.

Referred for evaluation to: ____________________________ Low risk (no PPD done)

This student has the following problems that may impact his/her educational experience:

□Vision □Hearing □Speech/Language □Fine/Gross Motor Deficit
□Emotional/Social □Behavior □Other

**Comments/Recommendations:**

□This student may participate fully in the school program, including physical education and competitive sports. If no, please list restrictions:

□Immunizations are complete: If no, give reason: Please attach Massachusetts Immunization Information System Certificate or other complete immunization record.

Signature of Examiner  Circle: MD, DO, NP, PA  Date  ____________________________ Please print name of Examiner.

Group Practice  Telephone  ____________________________

Address  City  State  Zip Code  ____________________________

*Please attach additional information as needed for the health and safety of the student.*  MDPH  12/14/04
# Home Language Survey

Massachusetts Department of Elementary and Secondary Education regulations require that all schools determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the District is required to do further assessment of your child. Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

## Student Information

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>F ☐ M ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country of Birth</th>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>Date first enrolled in ANY U.S. school (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## School Information

<table>
<thead>
<tr>
<th>Start Date in New School (mm/dd/yyyy)</th>
<th>Name of Former School and Town</th>
<th>Current Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Questions for Parents/Guardians

<table>
<thead>
<tr>
<th>What is the native language(s) of each parent/guardian? (circle one)</th>
<th>Which language(s) are spoken with your child? (include relatives - grandparents, uncles, aunts, etc. - and caregivers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(mother / father / guardian)</td>
<td>seldom / sometimes / often / always</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What language did your child first understand and speak?</th>
<th>Which language do you use most with your child?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Which other languages does your child know? (circle all that apply)</th>
<th>Which languages does your child use? (circle one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>speak / read / write</td>
<td>seldom / sometimes / often / always</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Will you require written information from school in your native language?</th>
<th>Will you require an interpreter/translator at Parent-Teacher meetings?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y ☐ N ☐</td>
<td>Y ☐ N ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian Signature:</th>
<th>Today’s Date: (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>/ 20</td>
</tr>
</tbody>
</table>
Interval Health History

Student’s Name: ___________________________   Date of Birth: ____________
Primary Care Physician: _____________________   Phone # : ___________________

1. Has your child ever been in the hospital or had an operation? (if yes, explain) __________________________

2. Has your child ever been in an accident? __________________________

3. Allergic reactions (to food, bee stings, medications, latex or other allergens): YES / NO
   Please list specifically and describe reaction: __________________________

   Does child have an Epi-Pen? (please circle) Yes / No

4. Asthma: YES / NO   Asthma triggers: __________________________
   Treatment: Nebulizer / Inhaler __________________________

5. Other respiratory infections/conditions? __________________________

6. Bone/Joint diseases or injuries: (explain) __________________________

7. Convulsions/Seizures (explain): __________________________

8. Diabetes: YES / NO   Treatment: __________________________

9. Dental Problems: __________________________

10. Ear Infections/hearing trouble: __________________________   Tubes? YES / NO

11. Frequent Headaches: __________________________   Treatment: __________________________

12. Heart Problems (explain): __________________________
   Treatment: __________________________

13. Kidney Trouble (explain): __________________________

14. Any other illnesses not mentioned above (explain) __________________________

15. Does your child have any eye trouble or vision problems? YES / NO   Year of last exam? _______
   Do they wear glasses/contact lenses? YES / NO   For: NEAR DISTANCE

16. Does your child take any medication at home prescription or over the counter? YES / NO
   Medication: __________________________
   Reason for medication: __________________________

17. Physical limitations or restrictions (DOCUMENTED BY DOCTOR) __________________________

________________________________________
Parent/Guardian Signature
The Commonwealth of Massachusetts requires us to collect the following data:

Military Family Status

Students of Military Families are defined as children of:

• Active duty members of the uniformed services, National Guard and Reserve on active duty orders
• Members or veterans who are medically discharged or retired within one year
• Members who die on active duty

Is your student a member of a Military Family as defined above? **YES** or **NO**

Students name: _____________________________________________

For more information please visit [www.mic3.net](http://www.mic3.net)
My School Bucks Registration Information

How to register and make deposits on mySchoolBucks.com
Registering for a FREE mySchoolBucks Account:
- You will first need your child’s student ID number; you may get this number by contacting your child’s school or contacting my office.
- Go to the district website at, www.psharvard.org click on the link to mySchoolBucks OR go directly to www.myschoolbucks.com.
- Click REGISTER FOR A FREE ACCOUNT and enter the required information.
- Click FINISH to complete the initial registration process.

Adding Students to Your Account:
- Once you are logged into your new account, click MY HOUSEHOLD from the left-side navigation bar.
- Click LOOK UP YOUR STUDENTS.
- Select your child’s school from the drop-down box.
- Enter your child’s first name.
- Enter your child’s last name.
- Enter your child’s student ID number.
- Click FIND STUDENT.
- Click ADD STUDENT.
- Click FINISH or click ADD ANOTHER STUDENT to repeat the process for additional children.

Making a Deposit:
- From the My Household page, click MAKE A PAYMENT.
- Enter the deposit amount for each student account, then click ADD TO BASKET.
- Review the amount(s) you have entered and click CHECK OUT NOW. If you need to adjust an amount click CONTINUE SHOPPING.
- Enter your payment information and click CONTINUE.
- If paying with a credit or debit card, enter the three or four digit Verification Code that appears on your card, then click CONTINUE.
- Review your order and make sure all deposits are correct, then click PLACE ORDER.
- Click PRINT ORDER to generate a receipt of your transaction in a new window. We recommend that you keep a copy for records.
- Click FINISH to complete the transaction.
To the Parents of Children Entering Harvard Public Schools:

The following health requirements must be completed when your child enters school:

1. Each child must have a physical examination by his/her primary care physician dated within 1 year of enrollment with a copy provided to the school.

2. Emergency cards (both sides) need to be completed.

3. Children entering Kindergarten need proof of a lead screening.

4. Under the laws of the Commonwealth of Massachusetts, children enrolled in public schools must be immunized against Tetanus, Diphtheria, Pertussis, Polio, Measles, Mumps, Rubella, Varicella (or physician certified reliable history of chicken pox), and Hepatitis B. A copy of the student’s immunizations needs to be provided to the school. Children entering 7th grade and above must also have had a Tetanus/Diphtheria Booster and a second Varicella.

5. A short meeting with the school nurse is required prior to starting school to discuss specific healthcare needs of your child and to review health records.

6. If your child is on medication that will be given during the school day a doctor’s signature and order is required. The form (Authorization for Medication) can be found on the Harvard Public School’s website. Medications brought into the school must have a prescription label with the child’s name and correct dosage.

7. Health records from previous school need to be forwarded to the school that your child is to be enrolled.

If you have any questions, don’t hesitate to call.

Hildreth Elementary School
(Pre-k – 5th Grade)
Dawn French, RN, BSN
27 Mass Ave. Harvard, Ma 01451
Phone - (978) 456-1247
Fax – (978) 456-3287
Email- dfrench@psharvard.org

The Bromfield School
(6th – 12th Grade)
Colleen Nigzus, RN, MSN
14 Mass Ave., Harvard Ma 01451
District Nurse Leader
Phone - (978) 456-4123
Fax - (978) 456-3013
Email- cnigzus@psharvard.org
2021-2022 Massachusetts Application for Free and Reduced Price School Meals

If you have received a Notice of Direct Certification – FREE from the school district for free meals, do not complete this application. If you have received a Notice of Direct Certification – REDUCED PRICE from the school district for reduced price meals, this application may be submitted. DO let the school know if any children in the household are not listed on the Notice of Direct Certification – FREE letter you 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.

<table>
<thead>
<tr>
<th>Child’s First Name</th>
<th>MI</th>
<th>Child’s Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**School Name**

<table>
<thead>
<tr>
<th>Student?</th>
<th>Foster</th>
<th>Homeless</th>
<th>Migrant</th>
<th>Runaway</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y N</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Agency ID Number:**

**STEP 2**  Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

Write the Agency ID Number, then go to **STEP 4** (Do not complete STEP 3)

**EBT number not accepted; SNAP award letter may be requested**

**Agency ID Number:**

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

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:

**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.

<table>
<thead>
<tr>
<th>Name of Adult Household Members (First and Last)</th>
<th>Earnings from Work</th>
<th>How often?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Weekly</td>
<td>Bi-Weekly</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Adult Household Members (First and Last)</th>
<th>Earnings from Work</th>
<th>How often?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Weekly</td>
<td>Bi-Weekly</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Household Members (Children and Adults)**

<table>
<thead>
<tr>
<th>Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXX-XX-</td>
</tr>
</tbody>
</table>

**STEP 4**  Contact Information and Adult Signature

Mail Completed Form To: Harvard Public Schools 27A Massachusetts Avenue Harvard, MA 01451

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)**

**Number**

**City**

**State**

**Zip**

**Daytime Phone and Email (optional)**

**Printed name of adult signing the form**

**Signature of adult**

**Today’s date**

**Error prone**

This application is Error prone.

[Signature of adult]

[Today’s date]
**INSTRUCTIONS**

### Sources of Income for Children

<table>
<thead>
<tr>
<th>Sources of Child Income</th>
<th>Example(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Earnings from work</td>
<td>A child has a regular full or part-time job where they earn a salary or wages</td>
</tr>
<tr>
<td>- Social Security</td>
<td>A child is blind or disabled and receives Social Security benefits</td>
</tr>
<tr>
<td>- Disability Payments</td>
<td>A Parent is disabled, retired, or deceased, and their child receives Social Security benefits</td>
</tr>
<tr>
<td>- Income from person outside the household</td>
<td>A friend or extended family member regularly gives a child spending money</td>
</tr>
<tr>
<td>- Income from any other source</td>
<td>A child receives regular income from a private pension fund, annuity, or trust</td>
</tr>
</tbody>
</table>

### Sources of Income for Adults

<table>
<thead>
<tr>
<th>Earnings from Work</th>
<th>Public Assistance / Alimony / Child Support</th>
<th>Pensions / Retirement / All Other Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Salary, wages, cash bonuses</td>
<td>- Unemployment benefits</td>
<td>- Social Security (including railroad retirement and black lung benefits)</td>
</tr>
<tr>
<td>- Net income from self-employment (farm or business)</td>
<td>- Worker’s compensation</td>
<td>- Private pensions or disability benefits</td>
</tr>
<tr>
<td>If you are in the U.S. Military:</td>
<td>- Supplemental Security Income (SSI)</td>
<td>- Regular income from trusts or estates</td>
</tr>
<tr>
<td>Basic pay and cash bonuses</td>
<td>- Cash assistance from State or local government</td>
<td>- Annuities</td>
</tr>
<tr>
<td>(do NOT include combat pay, FSA or privatized housing allowances)</td>
<td>- Alimony payments</td>
<td>- Investment income</td>
</tr>
<tr>
<td></td>
<td>- Child support payments</td>
<td>- Earned interest</td>
</tr>
<tr>
<td></td>
<td>- Veteran’s benefits</td>
<td>- Rental income</td>
</tr>
<tr>
<td></td>
<td>- Strike benefits</td>
<td>- Regular cash payments from outside household</td>
</tr>
</tbody>
</table>

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.

### Optional

**Children’s Racial and Ethnic Identities**

- **Ethnicity (check one):**
  - Hispanic or Latino
  - Not Hispanic or Latino

- **Race (check one or more):**
  - American Indian or Alaskan Native
  - Native Hawaiian or Other Pacific Islander
  - Asian
  - Black or African American

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 (FDPR) case number or other FDPR 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, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

**For School Use Only**

2021-2022 Massachusetts Application for Free and Reduced Price School Meals

<table>
<thead>
<tr>
<th>Total Income</th>
<th>Household Size</th>
<th>Annual Income Conversion:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Weekly x 52</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Every 2 Weeks x 26</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Twice A Month x 24</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Monthly x 12</td>
</tr>
</tbody>
</table>

Only annualize income if there are multiple pay frequencies

How often?


Determining Official’s Signature:

Date: ____________________________

Confirming Official’s Signature:

Date: ____________________________

Verifying Official’s Signature:

Date: ____________________________

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:

- 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

This institution is an equal opportunity provider.