Gladewater ISD
General Student Information Questionnaire

Date: _____

PLEASE PRINT

Student's Name (Last) First (Middle)	Home Phone:
Parent/Guardian's Name	Cell/Work Phone:
Parent/Guardian's Name	Cell/Work Phone:

TO BE COMPLETED BY THE PARENT OR GUARDIAN

1. Does your child have any specific health problems for which you feel school personnel should be made aware? If yes, please describe: _____	☐ Yes	☐ No
2. Has your child ever received special education services? If yes, in what grade(s): _____ In what school(s): _____	☐ Yes	☐ No
3. Has your child ever received 504 accommodations? If yes, in what grade(s): _____ In what school(s): _____	☐ Yes	☐ No
4. Has your child ever been in a gifted and talented program? If yes, in what grade(s): _____ In what school(s): _____	☐ Yes	☐ No
5. Has your child ever received ESL services? If yes, in what grade(s): _____ In what school(s): _____	☐ Yes	☐ No
6. Has your child completed coursework for high school credit during middle school? If yes, Courses(s): _____ Grade Level: _____	☐ Yes	☐ No
7. If your child is currently in middle school, is he/she enrolled in any high school credit courses? If yes, Courses(s): _____	☐ Yes	☐ No
8. Has your child ever repeated a grade level? If yes, in what grade(s): _____ In what school(s): _____	☐ Yes	☐ No
9. Has your child ever failed to meet the state performance standard? (For example, the STAAR test) If yes, please explain: _____	☐ Yes	☐ No
10. Does you child have a pending disciplinary assignment from the previous school? (For example, suspension, ISS, DAEP placement or expulsion) If yes, please explain: _____ _____	☐ Yes	☐ No
11. Has your child ever been enrolled in or attended a Gladewater ISD school? If yes, please explain: _____	☐ Yes	☐ No
12. Please provide any additional information you feel might be useful to us in the placement of your child.		

GLADEWATER INDEPENDENT SCHOOL DISTRICT/CHARTER SCHOOL

HOME LANGUAGE SURVEY-19 TAC Chapter 89, Subchapter BB, §89.1215

TO BE COMPLETED BY PARENT OR GUARDIAN FOR STUDENTS ENROLLING IN PREKINDERGARTEN THROUGH GRADE 8 (OR BY STUDENT IN GRADES 9-12): The state of Texas requires that the following information be completed for each student who enrolls in a Texas public school for the first time. It is the responsibility of the parent or guardian, not the school, to provide the language information requested by the questions below. **This survey shall be kept in each student's permanent record folder.**

NAME OF STUDENT: _____ **STUDENT ID#:** _____

ADDRESS: _____ **TELEPHONE #:** _____

CAMPUS: _____

NOTE: PLEASE INDICATE ONLY ONE LANGUAGE PER RESPONSE.

1. What language is spoken in the child's home **most of the time**? _____
2. What language does the child speak **most of the time**? _____

_____ _____
Signature of Parent/Guardian Date

_____ _____
Signature of Student if Grades 9-12 Date

Cuestionario sobre el idioma que se habla en el hogar

19 TAC Chapter 89, Subchapter BB §89.1215

DEBE DE COMPLETARSE POR EL PADRE O TUTOR ESTUDIANTES QUE CURSEN DESDE PREKINDER HASTA EL OCTAVO GRADO: (O POR EL ESTUDIANTE SI CURSA GRADOS DEL 9-12): El estado de Texas requiere que la siguiente información se complete para cada estudiante que se matrícula por primera vez en una escuela pública de Texas. Es la responsabilidad del padre o tutor, no de la escuela, proporcionar la información del idioma requerida por las siguientes preguntas.

NOMBRE DEL ESTUDIANTE: _____ **ID#:** _____

DIRECCIÓN: _____ **TELÉFONO:** _____

ESCUELA: _____

Nota: Indique sólo un idioma por respuesta.

1. ¿Qué idioma se habla en casa la mayor parte del tiempo? _____
2. ¿Qué idioma habla su hijo(a) la mayoría del tiempo? _____

_____ _____
Firma del padre o tutor Fecha

_____ _____
Firma del estudiante si esta en los grados 9-12 Fecha

Gladewater ISD
Certificate of Residency

To show proof of residency, please provide two documents:

Select One	Select One
• Driver's License • Property tax statement • Rental/lease agreement **	• Water Bill • Electric Bill • Gas Bill

**Parent/Guardian and student(s) must be listed

Name of Student: _____

Name of Parent or Legal Guardian: _____

Home address of Parent or Legal Guardian:

_____

Give a brief description of exact location of residence (if not a street address):

_____

_____

_____

If residence is rented or leased, provide the name of the property owner/landlord:

_____

****

I, _____, certify that the address given above is the residence of the student named above.

In addition to the penalty provided by Section 37.10, Penal Code, a person who knowingly falsifies information on a form required for enrollment of a student in a school district is liable to the district if the student is not eligible for enrollment in the district, but is enrolled on the basis of false information. The person is liable, for the period during which the ineligible student is enrolled for the greater of:

(1) The maximum tuition fee the district may charge under Section 21.063 of this code; or
(2) The amount the district has budgeted for each student as maintenance and operating expenses.

_____
Signature of Parent or Legal Guardian

****

I certify that the address listed above is located in Gladewater ISD.

_____
Signature of Principal, Tax Assessor or District Designee

Texas Education Agency
Texas Public School Student/Staff Ethnicity and Race Data Questionnaire

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. ***United States Federal Register (71 FR 44866)***

Part 1. Ethnicity: Is the person Hispanic/Latino? ***(Choose only one)***

- ☐ **Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- ☐ **Not Hispanic/Latino**

Part 2. Race: What is the person's race? ***(Choose one or more)***

- ☐ **American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a 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 including, 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 origins in any of the original peoples of Europe, the Middle East, or North Africa.

Student/Staff Name (please print)	(Parent/Guardian)/(Staff) Signature
Student/Staff Identification Number	Date

This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.	
Ethnicity – choose only one: Hispanic / Latino Not Hispanic/Latino	Race – choose one or more: American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White
Observer signature:	Campus and Date:

Agencia de Educación de Texas
Cuestionario de Información de Datos Raciales y de Etnicidad de Estudiantes/Miembros de Personal de las Escuelas Públicas de Texas

El Departamento de Educación de Estados Unidos (USDE) requiere que todas las instituciones estatales y locales de educación, recopilen datos sobre etnicidad y raza de los estudiantes y de miembros de personal. Esta información es utilizada para los reportes estatales y federales así como para reportar a la Oficina de Derechos Civiles (OCR) y a la Comisión de Igualdad en el Empleo (EEOC).

Al personal del distrito escolar y los padres o representante legal de estudiantes que deseen matricularse en la escuela, se le requiere proporcionar esta información. Si usted rehúsa proporcionarla, es importante que sepa que el USDE requiere que los distritos escolares usen la observación para identificación como último recurso para obtener estos datos utilizados para reportes federales.

Favor de contestar ambas partes de las siguientes preguntas sobre la etnicidad y raza del estudiante así como del miembro de personal. Registro Federal de Estados Unidos (71 FR 44866).

Parte 1. Etnicidad: ¿Es la persona Hispana/Latina? (Escoja solo una respuesta)

Hispano/Latino – Una persona de origen cubano, mexicano, puertorriqueño, centro o sudamericano o de otra cultura u origen español, sin importar la raza.

☐ **No Hispano/Latino**

Parte 2. Raza. ¿Cuál es la raza de la persona? (Escoja uno o más de uno)

☐ **Indio Americano o Nativo de Alaska** – Una persona con orígenes o de personas originarias de Norte y Sudamérica (incluyendo America Central), y que mantiene lazos o apego comunitario con una afiliación de alguna tribu.

☐ **Asiático** – Una persona con orígenes o de personas originarias del Lejano Este, Sureste de Asia o el subcontinente indio, incluyendo, por ejemplo a Cambodia, China, India, Japón, Corea, Malasia, Pakistán, las Islas Filipinas, Tailandia y Vietnam.

☐ **Negro o Áfrico**-Americano – Una persona con orígenes de cualquier grupo racial negro de África.

☐ **Nativo de Hawai u** otras **islas del pacífico** – Una persona con orígenes o de personas originarias de Hawai, Guam, Samoa u otras Islas del Pacífico.

☐ **Blanco** – Una persona con orígenes de personas originarias de Europa, el Medio Este o el Norte de África.

☐

Nombre del Estudiante/Miembro de Personal legal) (por favor use letra de imprenta)	Firma (Padre/Representante /(Miembro de personal
Número de Identificación del Estudiante/Miembro del personal	Fecha

This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.	
Ethnicity – choose only one: _____Hispanic / Latino _____Not Hispanic/Latino	Race – choose one or more: _____American Indian or Alaska Native _____Asian _____Black or African American _____Native Hawaiian or Other Pacific Islander _____White
Observer signature:	Campus and Date:

FAMILY SURVEY
2019-2020

Dear Parents,

In order to better serve your children, the Gladewater school district would like to identify students who may qualify to receive additional educational services. **The information provided below will be kept confidential.** Please answer the following questions and return this survey form to your child's school.

For more information, call: The Office of Migrant Education at 903-845-6991

1. **Have you moved within the last 3 years?**

   ☐ Yes No

2. **Have you moved in order to do temporary or seasonal work?**

   ☒ Yes No

3. **Check the temporary or seasonal work that applies:**

— chickens	— picking fruits and vegetables	— lumber
— eggs	— moves to work in the summer	— dairy work
— plant nurseries	— field work	— meat processing
— ranching	— canneries	— fencing

If you answered "yes" to questions 1 and 2 above, Marisol Mancha from the Region 7 Education Service Center may contact you to find out whether your child is eligible for additional educational services. Please provide the following information:

Name of Child _____

Date of Birth _____ Grade _____

Parent/Guardian Name _____

Telephone number _____ Best time to contact you _____




ENCUESTA FAMILIAR

2019-2020

Queridos Padres,

Con el fin de servirle mejor a sus hijos, el distrito escolar de Gladewater ISD le gustaría identificar estudiantes quienes pueden calificar a recibir servicios de educación adicionales. **La información que nos proporcione será confidencial.** Por favor conteste las siguientes preguntas y regrese esta forma a la escuela de su hijo/a.

Para más información, llame al: 903-845-6991

_____

1. **¿Usted se ha movido en los últimos 3 años?**

   Sí_____No_____

2. **¿Usted se ha movido en orden de hacer trabajo temporal o estacional?**

   Sí_____No_____

3. **Marque el trabajo temporal o estacional que aplique:**

— Pollos	— Cosecha de frutas/verduras	— Maderería
— Huevos	— Movidas para trabajar en el verano	— Trabajo lácteo
— En viveros	— Trabajo de campo	— Plantas procesadoras de carne
— En ranchos/granjas	— Fábricas de conserva	— Cercando

Si usted contestó "si" a las preguntas 1 y 2 de arriba, Marisol Mancha del Centro de Servicio de Educación de Región 7 se pondrá en contacto con usted para decidir si su hijo/a es elegible para servicios de educación adicionales. Por favor de proporcionar la información siguiente:

Nombre del niño_____

Fecha de nacimiento_____ Grado_____

Nombre del padre o tutor_____

Número de teléfono_____ Mejor tiempo para contactarla_____

PEIMS Homeless Status and Unaccompanied Youth Status Indicator

2019-20

The information on this form is required to meet The Education for Homeless Children and Youth (EHCY) program, authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.), also known as the McKinney-Vento Act.

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. Texas Education Code Sec. 25.002(3)(d).

All of the questions below refer to the student that is enrolling.

Today's Date *(MM/DD/YYYY)*:	
School:	
Last Name:	
First Name:	
Middle Name:	
Student Identification (ID) Number (NOT the Social Security #):	
Birth Date *(MM/DD/YYYY)*:	
Grade:	
Last School Attended:	
Last District Attended:	
Address where the student sleeps at night *(Street Address, Apartment #, City, Zip)*:	
How long has the student been at this address?	
Main Phone Number:	
Other Phone Number:	
Other Phone Number for Emergencies:	

"X" all boxes below that best describe the student's situation, leave those blank that do not.
If **none** of the statements in 1 – 4 are marked, then either item 5 or 6 or must be "Xed". If item 5 or 6 is "Xed", then none of the items in 1 – 4 describe the student's situation.

	1. Student lives with one parent or both parents every day of the school year (C192=3)
	2. Student lives with a legal guardian every day of the school year (C192=3) *Note: A legal guardian is appointed by a court*
	3. Student is not eligible for special education services and is 21 or older on September 1 of the applicable school year (C192=3)
	4. Student is eligible for special education services and is 22 or older on September 1 of the applicable school year (C192=3)

OR

Do not "X" this box if any item above is "Xed"

	5. Student is under 21 on September 1 of the applicable school year and does not live with a parent or legal guardian (C192=4)
	6. Student is eligible for special education services and is under 22 on September 1 of the applicable school year and does not live with a parent or legal guardian (C192=4)

"X" all boxes below that best describe where the student sleeps at night, leave those blank that do not apply:

	In a home that the student's parent or legal guardian owns or rents (C189=0)
	In a place that does not have windows, doors, running water, heat, electricity, or is overcrowded (C189=3)
	Staying with a friend or relative because of loss of housing, economic hardship, or a similar reason (C189=2) *(Examples: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)*
	In a shelter (C189=5) *(Examples: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing)*
	In an unsheltered location, such as: • **a tent** • **a car or truck** • **a van** • **an abandoned building** • **on the streets** • **at a campground** • **in the park** • **in a bus or train station** • **other similar place** (C189=3)
	In a hotel or motel because of loss of housing or economic hardship (C189=4) *(Examples: eviction, foreclosure, cannot get deposits for permanent home, flood, fire, hurricane)*
	In a transitional housing program (C189=5) *(Housing that is available as part of a program for a specific length of time only and is partly or completely paid for by a church, a nonprofit organization, governmental agency, or another organization)*
	The student lives here because of a natural disaster. "X" the type of disaster below and provide the requested information: **___Hurricane--Name of hurricane:_____** **___Flood** **—Tornado** **___Wildfire** **___Other—Please describe:_____** **Date the natural disaster took place:_____** **Where the natural disaster took place, including county:_____**
	The student does not sleep in any of the places described above. Tell below where the student does sleep:

Provide the following information for school-age siblings (brothers and/or sisters) of the student:

Last Name	First Name	Brother or Sister	Stay at the same place (X)	Grade	School	District

List all other school-aged children that stay in the same place

Last Name	First Name	Grade	School	District

Signature of Person Providing Information
Parent/Legal Guardian/Caregiver/Unaccompanied Student

Date

For School Use Only
I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

McKinney-Vento Liaison Signature

Technology Services and Acceptable Use Agreement for Students Form

Complete and return this form to your child's school.

I acknowledge that I have received and read the "Technology Services and Acceptable Use Agreement" for the 2019-2020 school year. I understand that this agreement contains important information for parents, guardians, and students regarding technology services and the use of GISD's technology resources.

Student name _____ Grade _____

Student signature _____ Date _____

Parent name _____

Parent signature* _____ Date _____

*Students 18 years of age or older do not require parent signature.

MILITARY CONNECTED STUDENT CODE 2019-2020

Is the student military connected? Yes/No

If yes place a √ by the one that applies:

____ 1 – Student is a dependent of a member of the Army, Navy, Air Force, Marine Corps, or Coast Guard on active duty.

____ 2 – Student is a dependent of a member of the Texas National Guard (Army, Air Guard, or State Guard).

____ 3 – Student is a dependent of a member of a reserve force in the United States military (Army, Navy, Air Force, Marine Corps, or Coast Guard).

FOR PRE-KINDERGARTEN ONLY:

____ 4 – Pre-Kindergarten student is a dependent of: 1) an active duty uniformed member of the Army, Navy, Air Force, Marine Corps, or Coast Guard, 2) activated/mobilized uniformed member of the Texas National Guard (Army, Air Guard, or State Guard), or 3) activated/mobilized members of the Reserve components of the Army, Navy, Marine Corps, Air Force, or Coast Guard; who are currently on active duty or who were injured or killed while serving on active duty.

_____ _____

Student Name Grade

_____ _____

Parent/Guardian Signature Date

UNIVERSAL FOSTER CARE INDICATOR CODE 2019-2020

Circle the Correct Responses:

Yes/No 1 - Student is currently in the conservatorship of the Department of Family and Protective Services (Must provide school with copy of the Texas DFPS Placement Authorization Form – Form 2085 or court order that designates the student is in the conservatorship of the Texas DFPS).

For Pre-Kindergarten only:

Yes/No 2 – Student was previously in the conservatorship of the Department of Family and Protective Services following an adversary hearing held as provided by Section 262.201, Family Code (Must provide school with verification letter of PK eligibility from the Texas DFPS).

_____ _____

Student Name Grade

_____ _____

Parent/Guardian Signature Date

2019-2020 GLADEWATER ISD
FIELD TRIP PERMISSION FORM

Gladewater ISD students in the 2019-2020 school year will have various opportunities to enhance their learning, beyond the campus setting. Please note below if you do or do not wish your child to participate in the field trips we have planned for this year.

_____ (does / does not) have my permission to participate in Gladewater ISD field trips for the 2019-2020 school year.

Signed _____
Parent / Guardian

**Please note (Throughout the year notices will also be sent home to inform parents of upcoming field trips)*

Please sign and have your child return it to his / her homeroom teacher.

Gladewater ISD School-Parent Compact
2019-2020

Parent

As a parent of a student at Gladewater ISD, I take responsibility for my child's learning. I want my child to achieve. I will do the following:

Provide a quiet place to study,
Establish a time for homework and review it regularly,
Make sure my child gets enough sleep each night,
Make sure my child is at school and on time each day,
Read with my child and let my child see me read,
Support the school's efforts to maintain proper discipline,
Provide the school with current phone numbers and addresses when changed,
Attend open house, parent conferences, and participate in school activities,
Encourage my child's efforts and be available for questions, and
Ensure my child follows all dress code requirements on a daily basis and for all special events.

Parent Signature _____ Date _____

Student

As a student at Gladewater ISD, I take responsibility for my learning. I will do the following:

Complete and return homework assignments,
Attend school daily and be on time,
Come to class with pencils, pens, paper, and other school supplies,
Follow the school rules,
Respect others, and
Follow all dress code requirements on a daily basis and for all special events.

Student Signature _____ Date _____

Teacher

As a teacher at Gladewater ISD, I take responsibility for the learning of each student. I want my students to achieve. I will do the following:

Teach grade level skills and concepts,
Make learning engaging and enjoyable,
Strive to address individual student needs,
Provide homework assignments that reinforce classroom instruction,
Correct and return work in a timely manner,
Communicate regularly with parents,
Provide parents with information about student progress, and
Provide a safe, positive, and healthy learning environment.

Teacher Signature _____ Date _____

Acknowledgment of Electronic Distribution of Student Handbook and Student Code of Conduct Form

Dear Student and Parent:

As required by state law, the board of trustees has officially adopted the Student Code of Conduct in order to promote a safe and orderly learning environment for every student.

We urge you to read this publication thoroughly and discuss it with your family. If you have any questions about the required conduct and consequences for misconduct, we encourage you to ask for an explanation from the student's teacher or appropriate campus administrator.

The student and parent should each sign this page in the space provided below and return to the student's school.

Thank you.
Mr. Sedric Clark, Superintendent

My child and I have been offered the option to receive a paper copy of or to electronically access at www.gladewaterisd.com the Gladewater ISD Student Handbook and the Student Code of Conduct for 2019-2020.

I have chosen to:

- ☐ Accept responsibility for accessing the Student Handbook and the Student Code of Conduct by visiting the Web address listed above.
- ☐ Receive a paper copy of the Student Handbook and the Student Code of Conduct.

I understand that the handbook contains information that my child and I may need during the school year and that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the Student Code of Conduct. If I have any questions regarding this handbook or the Code, I should direct those questions to the principal.

Printed name of student: _____

Signature of student: _____

Signature of parent: _____

Date: _____

School: _____

Grade level: _____

Please sign this page and return to the student's school. Thank you.

Notice Regarding Directory Information and Parent's Response Regarding Release of Student Information Form

State law requires the district to give you the following information:

Certain information about district students is considered directory information and will be released to anyone who follows the procedures for requesting the information unless the parent or guardian objects to the release of the directory information about the student. If you do not want Gladewater ISD to disclose directory information from your child's education records without your prior written consent, you must notify the district in writing within ten school days of child's first day of instruction for this school year.

This means that the district must give certain personal information (called "directory information") about your child to any person who requests it, unless you have told the district in writing not to do so. In addition, you have the right to tell the district that it may, or may not, use certain personal information about your child for specific school-sponsored purposes. The district is providing you this form so you can communicate your wishes about these issues.

Gladewater ISD has designated the following information as directory information:

- Student's name
- Address
- Telephone listing
- E-mail address
- Photograph
- Date and place of birth
- Major field of study
- Degrees, honors, and awards received
- Dates of attendance
- Grade level
- Most recent school previously attended
- Participation in officially recognized activities and sports
- Weight and height, if a member of an athletic team

Parent: Please circle one of the choices below:

I, parent of _____ (student's name), (**do give**) (**do not give**) the district permission to release the information in this list in response to a request.

Parent signature _____ Date _____

Please sign this page and return to the student's school. Thank you.

Parent's Objection to the Release of Student Information to Military Recruiters and Institutions of Higher Education Form

Federal law requires that the district release to military recruiters and institutions of higher education, upon request, the name, address, and phone number of secondary school students enrolled in the district, unless the parent or eligible student directs the district not to release information to these types of requestors without prior written consent.

Parent: Please complete the following only if you do not want your child's information released to a military recruiter or an institution of higher education without your prior consent.

I, parent of _____ (student's name), request that the district **not** release my child's name, address, and telephone number to a military recruiter or institutions of higher education upon their request without my prior written consent.

Parent signature _____ Date _____

Please complete and return this page **only** if you do not want your child's information released to a military recruiter or an institution of higher education without your prior consent.

Campus: _____
SY: _____

Gladewater ISD Health Services
Student Health History

Date: _____

Student's Name _____ Grade _____ Date of Birth _____ Teacher _____
LEGAL Last name First Middle PreK through 5th grade

Please list any other names your child may use or go by: _____ **Parent/Guardian Name:** _____

Emergency Contacts: (Names listed will also be authorized to pick up student)

Name:	Relationship	Cell	Work	Home	Place of Employment
1. parent					
2. parent					
3.					
4.					
5.					

Please check any of the following health conditions for your student:
If YES IS CHECKED YOU MUST ADD COMMENTS

Conditions	Yes	Comments	Conditions	Yes	Comments
Allergies (food, insects, drugs, latex)		List	Headaches/Migraines		
Allergies (seasonal)			Head injury, concussions		
Asthma or breathing problems			Hearing problems or deafness		Tubes Date
ADD/ADHD			Heart problems		
Behavioral Disorder			Birth Defects		
Developmental problems			Muscle problems		
Bladder/Kidney Problems			Seizures		
Bleeding Disorder			Sickle Cell Disease		
Bowel problem			Speech problems		
Cerebral Palsy			Spinal Injury/Scoliosis		
Cystic Fibrosis			History of Chickenpox		Date: _____
Dental problems			Surgery		
Diabetes			Vision problems (glasses / contacts)		
Other			Other		

If Allergy, Asthma, Diabetes, or Seizures is marked please be aware that an extra form will have to be filled out and **signed by a physician**. Forms can be picked up in your schools health office.

Plan	Date Received	Comments
Allergy/ EPI Pen		
Asthma		
Diabetic		
Seizures		

Medications brought to school must be in the original container and a medication authorization form signed and returned to school personnel before being administered
GISD does NOT purchase over-the-counter first aid medications.
Information on this page may be shared with teachers in a 'need to know bases' unless otherwise indicated in writing.

_____
Parent Signature

Online Free & Reduced Meal Applications

The Food & Nutrition Department of Gladewater ISD offers MEAL APP NOW by Systems Design. The Meal App Now program allows parents to apply for free and reduced meals via the Internet.

The MEAL APP NOW site requires the creation of an account for electronic signature purposes. Depending upon the circumstances of your household, you will need your student's ID number and birth date, TANF/SNAP eligibility number and household income. The site is secured with an extended validation secure sockets layer (ssl) certificate and all data is private and used only for the meal application process.

FEATURES OF MEAL APP NOW:

- 24/7 ACCESS
- ELIMINATES INCOMPLETE APPLICATIONS
- ALLOWS DISTRICT IMMEDIATE ACCESS
- EMAIL OR U.S. MAIL NOTIFICATION
- SIMPLE GUIDED PROMPTS FOR DATA
- INFO NEVER SHARED WITH 3RD PARTIES
- TABLET & PHONE COMPATIBLE

www.gladewaterisd.com
www.mealappnow.com/manglw

Submit only one application (paper or online). Do not submit a paper application if you apply online.

If you received a directly certified letter, do not submit an application, but do notify us if all students are not listed on the letter.

Gladewater ISD
Food & Nutrition Department

Systems Design | Food & Nutrition Management Systems

Gladewater ISD, 2019-2020 Standard (Multi-Child) Application for Free and Reduced-Price School Meals

Complete one application per household. Please use a pen (not a pencil). Apply online at *www.mealappnow.com/manglw*

This Box for School Use Only.
Date Withdrawn:

Step 1: Definition of Household Member: *anyone who is living with you and shares income and expenses, even if not related.* Children in Foster care; children who meet the definition of Homeless, Migrant, or Runaway or who participate in Head Start are eligible for free meals. Please read the directions for more information.

A. List ALL Household Members Who Are Infants, Children, and Students up to and Including Grade 12. If more spaces are needed, use the Additional Names section on the back.

List each child's name.

First Name	MI	Last Name	Student Attends School in District? Yes	No	Grade	Optional: Student ID Number	Check all that apply. Foster	Head Start	Homeless	Migrant	Runaway
1.			☐	☐			☐	☐	☐	☐	☐
2.			☐	☐			☐	☐	☐	☐	☐
3.			☐	☐			☐	☐	☐	☐	☐
4.			☐	☐			☐	☐	☐	☐	☐

B. Participation in a Categorical Program

- **If every child** listed in Step 1 is a participant any one of the following programs—Foster, Head Start, Homeless, Migrant, or Runaway, **skip** Step 2 and **complete** Step 3.
- **SNAP, TANF, or FDPIR:** Do any Household Members (including you) currently participate in SNAP, TANF, and/or FDPIR?
  If **No, complete** Steps 2 and 3. If **Yes to SNAP/TANF** > **Write** the Eligibility Determination Group (EDG) number in this space _____, **skip** Step 2, and **complete** Step 3.
  If **Yes** to **FDPIR**, check this box ☐, **skip** Step 2, and **complete** Step 3.

Step 2: Please read the directions for more information for the following questions.

Report Income for ALL Household Members (Skip this step if you entered an EDG number or checked the box to indicate participation in FDPIR in Step 1).

A. Last Four Digits of Social Security Number (SSN) of an Adult Household Member: XXX-XX __ __ __ __ ☐ Check if no SSN

B. Income for Adult Household Members (Include Yourself, But Not Children. If more spaces are needed, use the Additional Names section on the back.)

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 income (without deductions) for each source in whole dollars only. Indicate the frequency of income: W=Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually. 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.

Adult's First/Last Name (Do not include the income of children in this section. The income of children goes in 2C.)	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/ Child Support/ Alimony (Enter Amount)	Frequency (Circle One)	Pensions/Retirement/ Social Security/Supplemental Security Income (Enter Amount)	Frequency (Circle One)	All Other (Enter Amount)	Frequency (Circle One)
1.	$	W-E-T-M-A	$	W-E-T-M-A	$	W-E-T-M-A	$	W-E-T-M-A
2.	$	W-E-T-M-A	$	W-E-T-M-A	$	W-E-T-M-A	$	W-E-T-M-A
3.	$	W-E-T-M-A	$	W-E-T-M-A	$	W-E-T-M-A	$	W-E-T-M-A

C. Income for Children in the Household (Do not include adult income. Do report any type of regular income for children in the household. If more spaces are needed, use the Additional Names section on the back.)

Record total income by frequency for each child who receives regular income listed in Step 1.

	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
1.	$	$	$	$	$
2.	$	$	$	$	$
3.	$	$	$	$	$

D. Total Household Members (Count all children & adults living in the household) ____

Step 3: Please read the directions for more information on signing this form.

Provide Contact Information and Adult Signature. Return this application to fax 903-845-4108, *allend@gladewaterisd.com*, and/or return to your child's 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/Apt # | City | State | Zip | Daytime Phone and Email (Optional)

Printed Name of Adult Household Member Signing the Form | Signature of Adult Household Member Signing the Form | Today's Date

Step 1: Additional Names

A. List ALL Household Members Who Are Infants, Children, and Students up to and Including Grade 12. *If more spaces are needed, use the Additional Household Member Sheet on the back.*

List each child's name.

	First Name	MI	Last Name	Student Attends School in District? Yes	No	Grade	Optional: Student ID Number	Check all that apply. Foster	Head Start	Homeless	Migrant	Runaway
5.				☐	☐			☐	☐	☐	☐	☐
6.				☐	☐			☐	☐	☐	☐	☐
7.				☐	☐			☐	☐	☐	☐	☐
8.				☐	☐			☐	☐	☐	☐	☐
9.				☐	☐			☐	☐	☐	☐	☐

Step 2: Additional Names

B. Income for Adult Household Members (Include Yourself, But Not Children)

Adult's First/Last Name (Do not include the income of children in this section. The income of children goes in 2D.)	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/ Child Support/ Alimony (Enter Amount)	Frequency (Circle One)	Pensions/Retirement/ Social Security/Supplemental Security Income (Enter Amount)	Frequency (Circle One)	All Other (Enter Amount)	Frequency (Circle One)
4.	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A
5.	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A
6.	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A

C. Income for Children in the Household (Do not include adult income. Do report any type of regular income for children in the household.)

Record total income by frequency for each child who receives regular income listed in Step 1.

	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
1.	$	$	$	$	$
2.	$	$	$	$	$
3.	$	$	$	$	$

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*, 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*.

This institution is an equal opportunity provider.

Do Not Fill Out This Part. This Is For School Use Only.

Income Determination: *Multiple income frequencies must be converted to annual amounts and combined to determine household income. Do not convert if only one income frequency is provided by the household. If converting income to annual, round only the final number—Annual Income Conversion: Weekly x 52 | Every 2 Weeks x 26 | Twice a Month x 24 | Monthly x 12*

Household Size: _____ Total Income: _____ Weekly ☐ Every 2 Weeks ☐ Twice a Month ☐ Monthly ☐ Annually ☐

Date Received:

Categorical Determination ☐

Eligibility: Free ☐ Reduced ☐ Denied ☐

Reviewing/Determining Official's Signature/Date	Confirming Official's Signature/Date	

Gladewater ISD, Solicitud Estándar (para Varios Niños) para Comidas Escolares Gratuitas y a Precio Reducido para del 2019-2020

Llene una solicitud para cada hogar. Favor de usar un bolígrafo (no un lápiz). Llene su solicitud por internet al *www.mealappnow.com/manglw*

This Box for School Use Only.
Date Withdrawn:

Parte 1: Definición de Miembro del hogar: Una persona que vive con usted y comparte los ingresos y los gastos, aunque no estén relacionados. Los niños temporalmente adoptados (foster), niños que satisfacen la definición de migrantes, sin hogar, (homeless), fugitivo, (runaway), o que participan en Head Start son elegibles para alimentos gratis. Por favor, lea las instrucciones para obtener más información.

A. Liste a TODOS los Miembros del Hogar, Infantes, Niños y Estudiantes hasta el Grado 12. *Si necesita más espacio, usen la sección de nombre adicional en parte de atrás de la página.*

Liste el nombre de cada niño. ¿Asiste a la escuela en el distrito? **Marque todo lo que aplique.**

	Primer Nombre	Inicial del Segundo Nombre	Apellido	Sí	No	Grado	Opcional: Número de Identificación del Estudiante	Niño Adoptivo Temporal (Foster)	Head Start	Sin Hogar	Migrante	Fugitivo
1.				☐	☐			☐	☐	☐	☐	☐
2.				☐	☐			☐	☐	☐	☐	☐
3.				☐	☐			☐	☐	☐	☐	☐
4.				☐	☐			☐	☐	☐	☐	☐

B. Participación en las Diferentes Categorías de Elegibilidad

- **Si todos los niños** indicados en la Parte 1 participan en un programa de la lista arriba, ignore las Partes 2, y pase directamente a la Parte 3.
- **¿Recibe algún miembro del hogar (incluya a usted mismo) beneficios de los programas de asistencia: SNAP, TANF, o FDPIR?**
  No> Complenté 2 y 3. **Si** > Escriba el número de Determinación de Elegibilidad (**EDG**, por sus siglas en inglés) en este espacio _____, y pase directamente a la Parte 3.
  SI > **FDPIR**, marque en la casilla ☐, **ignore** las Partes 2, y pase directamente a la Parte 3.

Parte 2: Lea las instrucciones para obtener más información para las siguientes preguntas.

Declare el Ingreso de TODOS los Miembros del Hogar (Ignore este parte si escribió un número de EDG en la Parte 2).

A. Los últimos cuatro números del Seguro Social (SSN) del miembro del hogar que llenó lasolicitud: XXX-XX _ _ _ _ ☐ **Marque aquí si no tiene un SSN**

B. Ingresos (Brutos) de los Adultos del Hogar (incluya a usted mismo, pero no los menores). *Si necesita más espacio, usen la sección de nombre adicional en parte de atrás de la página.*

Liste a todos los Miembros del Hogar que no son listados en la Parte 1 (incluya a usted mismo) **incluso si no reciben ingresos**. Para cada Miembro del Hogar indicado que recibe ingresos, anote el ingreso (sin deducciones) total de cada fuente en dólares redondeados. Ponga la frecuencia en que recibe su ingreso: W=Semanal, E=Cada 2 semanas, T=2 veces por mes, M=Mensual, A=Anualmente. Si la persona no recibe ingreso, escriba '0.' Si escribe '0' o deja algún espacio en blanco, está certificando (prometiendo) que no hay ingreso para reportar.

Primer Nombre del Adulto/ Apellido (No incluya los ingresos de los niños en esta sección. Los ingresos de los menores se anota en 2C)	**Sueldo de Trabajo** (Ponga el monto)	**Frecuencia** (Marque la frecuencia con un círculo)	**Asistencia Social/ Manutención de niños / Pensión alimenticia** (Ponga el monto)	**Frecuencia** (Marque la frecuencia con un círculo)	**Pensiones/Jubilación/ Seguro social/ SSI** (Ponga el monto)	**Frecuencia** (Marque la frecuencia con un círculo)	**Otros Ingresos** (Ponga el monto)	**Frecuencia** (Marque la frecuencia con un círculo)
1.	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A
2.	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A
3.	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A

C. Ingresos (Brutos) de los Niños del Hogar (No incluya los ingresos de los adultos.) *Si necesita más espacio, usen la sección de nombre adicional en parte de atrás de la página.*

Liste el ingreso regular por la frecuencia para cada niño que recibe ingreso que listado en el Parte 1.

	Semanal	Cada dos semanas	Dos veces por me	Mensual	Anualmente
1.	$	$	$	$	$
2.	$	$	$	$	$
3.	$	$	$	$	$

D. Total de los miembros del hogar (Cuente todos los niños y adultos que viven en el hogar.) ____

Parte 3: Lea las instrucciones para obtener más información sobre cómo firmar este formulario.

Proporcione Su Información de Contacto y Firma de Adulto. Regrese esta solicitud a: Fax # 903-845-4108, *allend@gladewaterisd.com*, and/or return to your child's school.

Certifico (juro) que toda la información en esta solicitud es cierta y que he reportado todos los ingresos. Entiendo que esta información se da con el propósito de recibir fondos federales y que los funcionarios de la escuela pueden verificar tal información. Entiendo que si falsifico información a propósito, mis hijos pueden perder los beneficios de comida y que puedo ser procesado de acuerdo con las leyes estatales y federales que aplican.

Dirección/Apt. | Ciudad | Estado | Código Postal | Número de teléfono y correo electrónico (opcional)

Miembro (Adulto) del hogar que lleno solicitud | Firma del adulto que llenó la solicitud | Fecha de hoy

Parte 1: Nombres Adicional

Liste a TODOS los Miembros del Hogar, Infantes, Niños y Estudiantes Hasta el Grado 12.

Liste el nombre de cada niño.

	Primer Nombre	Inicial del Segundo Nombre	Apellido	¿Asiste a la escuela en el distrito? Si	No	Grado	Opcional: Número de Identificación del Estudiante	Marque todo lo que aplique. Niño Adoptivo Temporal (Foster)	Head Start	Sin Hogar	Migrante	Fugitivo
4.				☐	☐			☐	☐	☐	☐	☐
5.				☐	☐			☐	☐	☐	☐	☐
6.				☐	☐			☐	☐	☐	☐	☐

Parte 2: Nombres Adicional

B. Ingresos (Brutos) de los Adultos del Hogar (incluya a usted mismo, pero no los menores).

	Primer Nombre del Adulto/ Apellido (No incluya los ingresos de los niños en esta sección. Los ingresos de los menores se anota en 2D)	**Sueldo de Trabajo** (Ponga el monto)	**Frecuencia** (Marque la frecuencia con un círculo)	**Asistencia Social/ Manutención de niños / Pensión alimenticia** (Ponga el monto)	**Frecuencia** (Marque la frecuencia con un círculo)	**Pensiones/Jubilación/ Seguro social/ SSI** (Ponga el monto)	**Frecuencia** (Marque la frecuencia con un círculo)	**Otros Ingresos** (Ponga el monto)	**Frecuencia** (Marque la frecuencia con un círculo)
4.		$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A
5.		$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A
6.		$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A

C. Ingresos (Brutos) de los Niños del Hogar (No incluya los ingresos de los adultos.) *Si necesita más espacio, usen la sección de nombre adicional en parte de atrás de la página.*

Liste el ingreso regular por la frecuencia para cada niño que recibe ingreso que listado en el Parte 1.	**Semanal**	**Cada dos semanas**	**Dos veces por mes**	**Mensual**	**Anualmente**
4.	$	$	$	$	$
5.	$	$	$	$	$
6.	$	$	$	$	$

La Ley Nacional de Alimentos Escolares Richard B. Russell pide la información arriba en esta solicitud. No tiene que dar la información, pero si usted no la provee, no podemos aprobar comida gratuita o de precio reducido para sus niños. Usted debe incluir los últimos cuatro números del Seguro Social (SSN) del adulto que firma la solicitud. Los últimos cuatro números del SSN no se requieren cuando usted solicita de parte de un niño adoptivo temporal o usted incluye un número de caso del Programa de Asistencia Nutricional Suplementaria (SNAP, por sus siglas en inglés), el Programa de Asistencia Temporal Para Familias Necesitadas (TANF, por sus siglas en inglés) o el Programa de Distribución de Comida en Reservaciones Indígenas (FDPIR, por sus siglas en inglés) u otra identificación FDPIR de su niño. Tampoco necesita indicar el número del SSN si el adulto del hogar que firma la solicitud no tiene. Utilizamos su información para determinar si su niño es elegible para la comida gratuita o de precio reducido, y para administrar y hacer respetar los programas de almuerzo y desayuno. Podemos compartir la información sobre su elegibilidad con los programas de educación, salud, y nutrición para ayudarles a evaluar, financiar, o determinar los beneficios de sus programas, así como con los auditores de revisión de programas, y los oficiales encargados de investigar violaciones del reglamento programático.

De conformidad con la Ley Federal de Derechos Civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA, por sus siglas en inglés), se prohíbe que el USDA, sus agencias, oficinas, empleados e instituciones que participan o administran programas del USDA discriminen sobre la base de raza, color, nacionalidad, sexo, discapacidad, edad, o en represalia o venganza por actividades previas de derechos civiles en algún programa o actividad realizados o financiados por el USDA. Las personas con discapacidades que necesiten medios alternativos para la comunicación de la información del programa (por ejemplo, sistema Braille, letras grandes, cintas de audio, lenguaje de señas americano, etc.), deben ponerse en contacto con la agencia (estatal o local) en la que solicitaron los beneficios. Las personas sordas, con dificultades de audición o discapacidades del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Retransmisión] al (800) 877-8339. Además, la información del programa se puede proporcionar en otros idiomas. Para presentar una denuncia de discriminación, complete el *Formulario de Denuncia de Discriminación del Programa del USDA*, (AD-3027) que está disponible en linea en: *http://www.ascr.usda.gov/complaint_filing_cust.html* y en cualquier oficina del USDA, o bien escriba una carta dirigida al USDA e incluya en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de denuncia, llame al (866) 632-9992. Haga llegar su formulario lleno o carta al USDA por: (1) correo: 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; o (3) correo electrónico: *program.intake@usda.gov*. Esta institución es un proveedor que ofrece igualdad de oportunidades.

Do Not Fill Out This Part. This Is For School Use Only.

Income Determination: *Multiple income frequencies must be converted to annual amounts and combined to determine household income. Do not convert if only one income frequency is provided by the household. If converting income to annual, round only the final number—Annual Income Conversion: Weekly x 52 | Every 2 Weeks x 26 | Twice a Month x 24 | Monthly x 12*

Date Received:

Household Size: _____ Total Income: _____

Weekly	Every 2 Weeks	Twice a Month	Monthly	Annually
☐	☐	☐	☐	☐

Categorical Determination ☐

Eligibility: Free ☐ Reduced ☐ Denied ☐

Reviewing/Determining Official's Signature/Date	Confirming Official's Signature/Date	

Gladewater ISD

Dear Parent/Guardian:

Children need healthy meals to learn. Gladewater ISD offers healthy meals every school day. Breakfast costs $0.00; lunch costs **(K-1) $2.20, (2-5) $4.45, (6-12) $2.70. Your children may qualify for free meals or for reduced-price meals.** Reduced-price is *$0.00* for breakfast and $0.40 for lunch. If you received a notification letter that a child is directly certified for free or reduced-price meals, do not complete an application. Let the school know if any children in the household attending school are not listed in the letter.

The questions and answers that follow and attached directions provide additional information on how to complete the application. Complete only one application for all the students in the household and return the completed application to your student's campus. If you have questions about applying for free or reduced-price meals, contact Darla Allen, 903-845-4207.

1. ***Who Can Get Free Meals?***
   - *Income*—Children can get free or reduced-price meals if a household's gross income is within the limits described in the *Federal Income Eligibility Guidelines*.
   - *Special Assistance Program Participants*—Children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program for Households on Indian Reservations (FDPIR), or Temporary Assistance for Needy Families (TANF), are eligible for free meals.
   - *Foster*—Foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals.
   - *Head Start or Early Head Start*—Children participating in these programs are eligible for free meals.
   - *Homeless, Runaway, and Migrant*—Children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told about a child's status as homeless, runaway, or migrant or you feel a child may qualify for one of these programs, please call or email Tina Bigler, 903-845-6991.
   - *WIC Recipient*—Children in households participating in WIC may be eligible for free or reduced-price meals.
2. ***What If I Disagree With the School's Decision About My Application?*** Talk to school officials. You also may ask for a hearing by calling or writing to Glenda Hickey, 903-845-6991, 200 E. Broadway.
3. ***My Child's Application Was Approved Last Year. Do I Need To Fill Out A New One?*** Yes. An application is only good for that school year and for the first few days of this school year. Send in a new application unless the school has told you that your child is eligible for the new school year.
4. ***If I Don't Qualify Now, May I Apply Later?*** Yes. Apply at any time during the school year. A child 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.
5. ***What If My Income Is Not Always the Same?*** List the amount normally received. If a household member lost a job or had hours/wages reduced, use current income.
6. ***We Are in The Military. Do We Report Our Income Differently?*** Basic pay and cash bonuses must be reported as income. Any cash value allowances for off-base housing, food, or clothing, or Family Subsistence Supplemental Allowance payments count as income. If housing is part of the Military Housing Privatization Initiative, do not include the housing allowance as income. Any additional combat pay resulting from deployment is excluded from income.
7. ***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.
8. ***Will Application Information Be Checked?*** Yes. We may also ask you to send written proof of the reported household income.
9. ***My Family Needs More Help. Are There Other Programs We Might Apply For?*** To find out how to apply for other assistance benefits, contact your local assistance office or 2-1-1.
10. ***Can I Apply Online?*** Yes! The online application has the same requirements and will ask you for the same information as the paper application. Visit *www.mealappnow.com/manglw* to begin or to learn more about the online application process. Contact *Darla Allen, 903-845-4207, or allend@gladewaterisd.com* if you have questions about the online application.

If you have other questions or need help, call Darla Allen, 903-845-4207. si necesita ayuda, por favor llame al teléfono: Darla Allen, 903-845-4207.

Sincerely,

Darla Allen

Gladewater ISD

Estimado Padre/Madre/Guardián:

Los niños necesitan comida sana para aprender. Gladewater ISD ofrece alimentación sana todos los días escolares. El desayuno cuesta ***$0.00;*** y el almuerzo cuesta **(K-1) $2.20, (2-5) $2.45, (6-12) $2.70**. **Sus niños podrían calificar para recibir comidas gratuitas o de precio reducido.** El precio reducido es *$0.00* para el desayuno y $0.40 para el almuerzo. Si usted ha recibido una carta de notificación (de certificación directa) que indica que un niño califica para recibir comida gratuita, no llene una solicitud. Reporte a la escuela si hay niños en el hogar asistiendo a la escuela, pero que no se incluyeron en esta carta de certificación.

Las siguientes preguntas y respuestas, y las instrucciones adjuntas, proporcionan información adicional para como completar la solicitud. Complete sola una solicitud para todos los estudiantes en el hogar y entregue la solicitud completa a Darla Allen, 903-845-4207. Si tiene preguntas sobre como solicitar comida gratuita o de precio reducido, póngase en contacto con 903-845-4207, allend@gladewaterisd.com.

1. ***¿Quién puede recibir comida gratuita?***
   - *Ingresos*— Los niños pueden recibir comida gratuita o a precio reducido si el ingreso bruto del hogar se encuentra debajo de los límites de las *Guías Federales de Elegibilidad por Ingresos*.
   - *Participantes de programas especiales* — Todos los niños en los hogares que reciben beneficios del Programa de Asistencia de Nutrición Suplementaria (SNAP), del Programa de Distribución de Alimentos en Reservaciones Indígenas (FDPIR), o del programa de Asistencia Temporal para Familias Necesitadas (TANF), califican para comida gratuita.
   - *Los Niños Adoptivos Temporales (Foster Children)*— Los niños adoptivos temporales (foster children) que está bajo la responsabilidad legal de una agencia de cuidado temporal (foster care agency) o de una corte.
   - *Head Start o Early Head Start*—Los niños que participan en Head Start, Early Head Start y Even Start también califican para recibir comida gratuita.
   - *Los Niños Sin Hogar, Fugitivo y Migrante*—Los niños sin hogar, que son fugitivos o que son migrantes califican para recibir comida gratuita. Si usted cree que hay niño(s) en su hogar que cumplen con estas descripciones, y si no le han dicho que el niño es considerado como persona sin hogar, fugitivo o migrante, por favor llame o envíe un correo electrónico *a Tina Bigler, 903-845-6991*.
   - *Beneficiarios del Programa WIC*—Los niños que viven en hogares que participan en el programa WIC pueden ser elegibles para recibir comida gratuita o a precio reducido.
2. ***¿Qué sucede si no estoy de acuerdo con la decisión de la escuela sobre mi solicitud?*** Debe hablar con los funcionarios escolares. También, puede apelar la decisión llamando o escribiendo al Glenda Hickey, 903-845-6991.
3. ***La solicitud de mi hijo fue aprobada el año pasado. ¿Necesito llenar otra solicitud?*** Sí. La solicitud de su hijo es válida solo por un año escolar y los primeros días del año escolar actual. Debe entregar una solicitud nueva a menos de que la escuela le informó que su hijo es elegible para el nuevo año escolar.
4. ***Si no califico ahora, ¿puedo solicitar más adelante?*** Sí. Puede solicitar en cualquier momento durante el año escolar. Un niño con un padre, madre o guardián que pierde su trabajo puede calificar para recibir comida gratuita o a precio reducido si el ingreso del hogar cae debajo del límite del ingreso establecido.
5. ***¿Qué pasa si mi ingreso no es igual siempre?*** Reporte la cantidad que recibe normalmente. Si un miembro del hogar perdió un trabajo o le han reducido sus horas o su sueldo, use el ingreso actual.
6. ***Estamos en las fuerzas armadas. ¿Tenemos que declarar nuestro ingreso diferente?*** Su sueldo básico y los bonos en efectivo tienen que ser reportados como ingresos. Si recibe unos subsidios para vivienda fuera de la base militar, comida y ropa, o recibe pagos de Family Subsistence Supplemental Allowance (FSSA), tiene que incluirlos como ingresos. Si su vivienda es parte de la Iniciativa Privatizada de Vivienda Militar (Military Housing Privatization Initiative), no incluya este subsidio de vivienda como ingreso. Además, no cuente cualquier pago de combate adicional debido al despliegue militar como ingreso.
7. ***¿Puedo solicitar si un miembro de mi hogar no es ciudadano estadounidense?*** Sí. Usted, sus hijos, u otros miembros de su hogar no tienen que ser ciudadanos estadounidenses para calificar para recibir comida gratuita o a precio reducido.
8. ***¿Van a verificar la información que yo doy?*** Sí. También podemos pedir prueba escrita del ingreso del hogar que usted reporta.
9. ***Mi familia necesita ayuda adicional. ¿Existen otros programas a los que podríamos solicitar?*** Para enterarse de cómo solicitar otros beneficios de ayuda, llame a la oficina local de asistencia al 2-1-1.
10. ***¿Puedo solicitar por internet?*** Sí! La solicitud por internet (online) requiere la misma información que por escrito. **Visite a** [www.mealappnow.com/manglw] para empezar su solicitud o aprender más sobre el proceso de completar la solicitud por internet. Póngase en contacto con Darla Allen, 903-845-4207, or allend@gladewaterisd.com si tiene preguntas sobre la solicitud por internet.

Si tiene alguna pregunta o necesita ayuda, llame al Darla Allen, 903-845-4207.
Atentamente,
Darla Allen

Directions for Applying For Free and Reduced-Price School Meals

Please use these instructions to complete the free or reduced-price school meals application. Submit one application per household, even if the children in the household attend more than one school in Gladewater ISD. Please use a **pen** (not a pencil) when completing the application. The application must be filled out completely in order for the school to make a determination if the children in your household qualify for free or reduced-price school meals. **An incomplete application cannot be approved**. Please contact Darla Allen: 903-845-4207 with your questions.

Step 1: List All Household Members Who Are Infants, Children, And Students Up to and Including Grade 12.

- List each child's name.

  Print first name, middle initial, and last name for each child in the household in the spaces. If there are more children than lines, use the back of the application to record additional names.

  Include all household members who are age 18 or under and are supported with the household's income including children who are not enrolled in the district. Children do NOT have to be related to anyone in the household to be a part of the household.

- Mark the box following the child's name to show if the child is a student in the Gladewater ISD.
- Record the child's grade if the child is in school.
- Check the appropriate box if a child qualifies for free meals as participant in the foster care system, Head Start (including Early Head Start) or if a child meets the criteria for homeless, migrant, or runaway.

  Checking Foster indicates that a foster care agency or court has placed the child in your home. If the application is being submitted for foster children only, complete Step 1, skip Step 2, and complete Step 3.

Participation in a Categorical Program

If all children in the household are participants in one of the following programs—*Foster, Head Start, Homeless, Migrant, or Runaway*, skip Step 2 and complete Step 3.

SNAP, TANF, and FDPIR: Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

If a child or adult in the household participates in Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance to Needed Families (TANF), record the Eligibility Determination Group (EDG) number in the space.

If a child or adult in the household is a participant in Food Distribution Program for Households on Indian Reservations (FDPIR), check the box to indicate participation. The Gladewater ISD *will contact you to obtain documentation of FDPIR participation.*

If the students in the household are eligible based on SNAP, TANF, or FDPIR, skip Step 2 and complete Step 3.

Step 2: Report Income for All Household Members.

Part A. Last Four Digits of Social Security Number (SSN) of an Adult Household Member

- Provide the last four digits of the Social Security number (SSN) of an adult in the household or check the box for no SSN.

  A social security number is not required to apply for these programs.

Part B. Income for All Adult Household Members (Including Yourself, But Not Children)

- Record the first and last name of each adult in the household in the space provided.

  If there are more adults in the household than available spaces, use the back of the application. ***Children's income is reported in Part C.***

  Include all adults living in the household that share income and expenses, even if the adult is not related to anyone in the household and does not receive any income. Do not include adults that are not supported by the household's income and do not contribute income to the household.

Reduced-Price Meal Income Eligibility Guidelines

Family Size	Annually	Monthly	Twice per Month	Every Two Weeks	Weekly
1	$23,107	$1,926	$963	$889	$445
2	$31,284	$2,607	$1,304	$1,204	$602
3	$39,461	$3,289	$1,645	$1,518	$759
4	$47,638	$3,970	$1,985	$1,833	$917
5	$55,815	$4,652	$2,326	$2,147	$1,074
6	$63,992	$5,333	$2,667	$2,462	$1,231
7	$72,169	$6,015	$3,008	$2,776	$1,388
8	$ 80,346	$6,696	$3,348	$3,091	$1,546
For each additional family member add:					
	+ $8,177	+ $682	+ $341	+ $315	+ $158

Adult Income Information Box

Earnings from Work

General Types of Income

- Salary, wages, cash bonuses
- Strike benefits

U.S. Military

- Allowances for off-base housing, food, and clothing
- Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)

Self-Employed Worker

- Net income from self-employment (farm or business)—calculated by subtracting the total operating expenses of the business from its gross receipts or revenue.

Public Assistance/ Child Support/Alimony

(Do not report the value of any cash value public assistance benefits NOT listed on the chart.)

- Alimony payments
- Cash assistance from State or local government
- Child support payments from court-ordered child support or alimony decree should be reported here. Informal but regular payments should be reported as *other* income in the next part.
- Unemployment benefits
- Worker's compensation

Pensions/Retirement/ Supplemental Security Income (SSI)

- Annuities
- Income from trusts or estates
- Private Pensions or disability
- Social Security (including railroad retirement and black lung benefits)
- Supplemental Security Income (SSI)
- Veteran's benefits

All Other Income

- Earned interest
- Investment income
- Regular cash payments from outside household
- Rental income

- Record the amount of income the adult receives under the type of income: Working Earnings; Public Assistance/Child Support/Alimony; Pensions/ Retirement/Social Security/Supplemental Security Income (SSI); and All Other.

  Report all amounts in gross income only and in whole dollars. Gross income is the total income received before taxes or deductions. Ensure that the income reported has not been reduced by the amounts deducted for taxes, insurance premiums, or any other purpose. The Adult Income Information Box provides additional information on the types of income that need to be reported. Foster children may be included as a member of the household or may be included on a separate application.

  Write a 0 in any field where there is no income to report. 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 the household income was reported incorrectly, the application will be verified for cause.

- Circle how often each type of income is received (frequency).
  - W = Weekly
  - E = Every 2 Weeks
  - T = Twice per Month

Instrucciones para Llenar la Solicitud de Comida Escolar Gratuita y de Precio Reducido 2019-2020

Por favor, siga las instrucciones para llenar la solicitud para recibir comidas escolares gratuitas o a precio reducido. Entregue sola una solicitud por hogar, aún si los niños en el hogar asisten a más de una escuela en Gladewater ISD*]*. Use un bolígrafo (no un lápiz) para llenar la solicitud. Debe llenar la solicitud completamente para que la escuela pueda determinar si los niños en su hogar califican para recibir comidas escolares gratuitas o a precio reducido. **Una solicitud incompleta no puede ser aprobada**. Póngase en contacto con Darla Allen: 903-845-4207, allend@gladewaterisd.com con sus preguntas.

PARTE 1: Liste a TODOS los Miembros del Hogar, Infantes, Niños y Estudiantes Hasta el Grado 12.

- Liste el nombre de cada niño.

  Escriba en letra de imprenta el primer nombre, la inicial del segundo nombre, y el apellido para cada niño del hogar en los espacios. Si hay más niños en el hogar que líneas en la solicitud, use el reverso de la solicitud para escribir los nombres adicionales.

  Incluya todos los miembros del hogar de 18 años de edad o menores que están apoyados por los ingresos del hogar. Los niños no tienen que ser parientes para ser un miembro del hogar.
- Marque la casilla a lado del nombre del niño, si el niño es un estudiante de Gladewater ISD.
- Incluya el grado del niño si está en la escuela.
- Marque la casilla correspondiente si el niño califica para recibir comida escolar gratuita como: un niño adoptivo temporal (foster child); un participante en los programas Head Start (incluso Early Head Start) o como un niño identificado sin hogar, ser migrante, o ser fugitivo.

  La casilla marcada "Adoptivo Temporal (Foster)" significa que una agencia de cuidado temporal o una corte ha colocado el niño en su hogar. Los niños adoptivos temporales (foster children) que viven en el hogar pueden ser considerados como miembros del hogar y puede incluirlos en la solicitud. Si va a entregar la solicitud sola para los niños adoptivos temporales, llene la Parte 1, ignore las Partes 2, y llene la Parte 3.

Participación en Programa de Elegibilidad

Si todos los miembros del hogar participan en los siguientes programas —Adoptivo Temporal (*Foster),* Head Start, sin hogar (Homeless), Migrante (Migrant), o Fugitivo (Runaway) ignore la Parte 2 y llene la Parte 3.

SNAP, TANF, and FDPIR: ¿Si algunos miembros del hogar (incluya a usted mismo) recibe beneficios bajo el Programa de Asistencia de Nutrición Suplementaria (SNAP), Asistencia Temporal para Familias Necesitadas (TANF), o del Programa de Distribución de Alimentos en Reservaciones Indígenas (FDPIR)?

Si algún miembro del hogar recibe beneficios de SNAP o TANF, reporte el número de Determinación de Elegibilidad (EDG, por sus siglas en inglés) en el espacio.

Si algún miembro del hogar recibe beneficios bajo el Programa de Distribución de Alimentos en Reservaciones Indígenas (FDPIR), marque la casilla que indica su participación. El Gladewater ISD estará en contacto con usted para obtener documentación de su participación en este programa (FDPIR).

Pautas Federales de Elegibilidad por Ingresos para Comida a Precio Reducido

Miembros en el Hogar	Anual	Mensual	Dos veces por mes	Cada dos Semanas	Semanal
1	$23,107	$1,926	$963	$889	$445
2	$31,284	$2,607	$1,304	$1,204	$602
3	$39,461	$3,289	$1,645	$1,518	$759
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5	$55,815	$4,652	$2,326	$2,147	$1,074
6	$63,992	$5,333	$2,667	$2,462	$1,231
7	$72,169	$6,015	$3,008	$2,776	$1,388
8	$ 80,346	$6,696	$3,348	$3,091	$1,546
Para cada miembro adicional de la familia, aumente:					
	+ $8,177	+ $682	+ $341	+ $315	+ $158

Si algún miembro del hogar recibe beneficios de SNAP, TANF, o de FDPIR ignore la parte 2, y llene la parte 3.

PARTE 2 Declare el Ingreso de Todos los Miembros del Hogar.

Sección A. Los Últimos Cuatro Dígitos del Número de Seguro Social (SSN) del Adulto en el Hogar.

- Escriba los últimos cuatro dígitos del número de Seguro Social (SSN) de la persona llenando la solicitud, o marque la casilla para indicar que no tiene un SSN.

  No se requiere un número de Seguro Social para solicitar los programas.

Sección *B. Ingresos de los Adultos en el Hogar, (Incluya a Usted Mismo, pero no a los Menores)*

- Escriba el primer nombre y apellido de cada adulto del hogar en los espacios.

  Si hay más adultos en el hogar que líneas en la solicitud, use el reverso de la solicitud para poner los nombres adicionales. No incluya los ingresos de los niños del hogar en esta sección. Ponga los ingresos de los niños en la Sección D.

  Incluya todos los adultos que viven en el hogar y comparten ingresos y gastos, aun si el adulto no es pariente o no recibe su ingreso propio. No incluya las personas que vivan con usted pero que son económicamente independientes, es decir, alguien que no está siendo apoyado por los ingresos del hogar, ni contribuye una parte de sus ingresos propios al hogar.

Fuentes de Ingresos Para Adultos

Ingresos del Trabajo

Tipos generales de ingresos
- Sueldo, pago, bonos en efectivo
- Pagos por huelga

Fuerzas Armadas de EE. UU
- Subsidios de vivienda/ ropa/ comida fuera de la base militar
- Pago (sueldo) básico y bonos en efectivo (no incluya el sueldo de combate, ni el FSSA, ni los subsidios privados de vivienda.)

Trabajador Independiente
- Ingreso neto de trabajo por cuenta propia (granja o negocio)— se calcula restando los costos de su negocio de las entradas totales o ingreso bruto

Asistencia pública/ Manutención de niños / Pensión alimenticia

(No ponga algún valor de beneficios en efectivo de cualquier asistencia pública que no está indicado en la tabla.)
- La pensión alimenticia
- Asistencia en efectivo del gobierno local o del estado
- Pagos de manutención de niños – Si recibe ingreso de manutención de niños o de la pensión alimenticia, solo reporte los pagos recibidos por órdenes judiciales. Los pagos informales y regulares deben ser reportados como "Otros Ingresos" en la siguiente sección.
- Pago por desempleo
- Compensación laboral

Pensiones/Jubilación/Seguro Social (SSI)
- Anualidades
- Ingreso de fideicomiso o de herencia
- Pensión privada o por discapacidad
- Seguro Social (incluya la jubilación de ferrocarriles y los pagos de la enfermedad pulmonar del minero)
- Seguro Social (SSI)
- Beneficios para Veteranos

Otros Ingresos
- Ingreso de Intereses
- Ingreso de Inversiones
- Pagos regulares en efectivo fuera del hogar
- Ingresos de Alquiler

Fuentes de Ingresos Para Niños

Sueldo de Trabajo
- Por ejemplo: Un niño tiene un trabajo y gana un sueldo o pago.

Seguro Social, Beneficios por Discapacidad
- Por ejemplo: El niño es ciego o discapacitado y recibe beneficios de Seguro Social.

Seguro Social, Beneficios para Sobrevivientes
- Por ejemplo: El padre o madre tiene una discapacidad, está jubilado, o fallecido, y su niño recibe beneficios del Seguro Social.

Ingresos de Otras Fuentes
- Por ejemplo: Un niño recibe un ingreso de fondos de jubilación privados, de la (quedándose el tipo de ingreso)

- Reporte el monto de los ingresos que el adulto recibe en la columna apropiada (indicando el tipo de ingreso): Sueldo de trabajo, Asistencia pública/Manutención de niños/Pensión alimenticia, Pensiones/Jubilación/Seguro social/SSI, Otros ingresos.

  Reporte solo el ingreso bruto total y escríbalo en dólares totales (redondeados sin incluir centavos). El ingreso bruto es el monto que usted gana antes de que le descuenten los impuestos y las deducciones. No es el dinero que lleva a casa. Asegúrese que el ingreso bruto reportado en la solicitud no se ha reducido por los impuestos, la prima de seguros, u otras deducciones. La tabla "Fuentes de Ingresos para Adultos" incluya información adicional y describa los ingresos que usted necesita poner en esta parte de la solicitud. Puede incluir los niños adoptivos temporales (foster children) como miembros del hogar, pero no se requiere.

Escriba "0" Si no hay ingresos que reporta. Si deja los espacios de ingresos en blanco, se considerarán como "0." Si pone un "0" o deja un espacio en blanco, está certificando (declarando) que no hay ingresos que reportar. Si se enteran los oficiales de la escuela que los ingresos del hogar se han reportado incorrectamente, la solicitud será verificada por causa.

- Marque con un círculo la frecuencia en que se recibe el ingreso.
  - W = Semanal
  - E = Cada 2 Semanas
  - T = Dos Veces por Mes
  - M = Mensual
  - A = Anual

Sección C. Ingresos Combinados de los Niños del Hogar

- Reporte todos los ingresos regular por la frecuencia para cado niño que recibe ingreso que listado en el Part 1.

Ponga los Ingresos de los Adultos en la Parte B.

Reporte los ingresos regular para cado niño.

La tabla "Fuentes de Ingresos para Niños" (a la derecho) incluye información adicional y describa los ingresos que usted necesita poner en esta parte de la solicitud.

Sección D. Total de Miembros del Hogar

- Reporte todos los niños y adultos que viven en el hogar.

Este número TIENE que ser igual a el total de miembros del hogar que puso en la Parte 1 y Parte 2. Es muy importante que ponga a todos los miembros del hogar ya que el número de miembros en el hogar determina su elegibilidad.

PARTE 3 Ponga la Información de Contacto y Firma (de Adulto).

- Lea la declaración de certificación.
- Escriba su dirección actual y la información de contacto en los espacios. No se requiere el número de teléfono y/o un correo electrónico (son opcionales), pero nos ayudarían a ponernos en contacto con usted más rápidamente.

Si no tiene una dirección permanente, esto no quiere decir que sus hijos no son elegibles para recibir comida escolar gratuita o de precio reducido.

- Escriba en letra de imprenta en el espacio el nombre del adulto que ha llenado la solicitud, firme la solicitud, y ponga la fecha de hoy en el espacio apropiado.

Todas las solicitudes tienen que estar firmadas por el adulto del hogar quien ha llenado la solicitud. Al firmar la solicitud, el miembro del hogar certifica (declara) que toda la información ha sido reportada de una manera completa y verdadera. Antes de que llene esta sección, lea la declaración de privacidad y la declaración de derechos civiles al reverso de la solicitud.

PARTE 4 Devolución de Solicitud

- Regrese la solicitud a: Fax # 903-845-4108, and/or your child's school.