



AUTHORIZATION FOR THE EXCHANGE/RELEASE OF CONFIDENTIAL INFORMATION

Student's Name: _____

Date of Birth: _____

School: _____

Name /Address of Agency to Release/Receive Information:	Name/Address of Agency to Receive/Release information:
Information Requested; <ul style="list-style-type: none"> <input type="radio"/> Medical/Health Screenings <input type="radio"/> Psychological /Cognitive <input type="radio"/> Educational <input type="radio"/> Speech <input type="radio"/> Social <input type="radio"/> Initial Placement Forms <input type="radio"/> IEP <input type="radio"/> Other (Specify) _____ 	Purpose for release of Information: <ul style="list-style-type: none"> <input type="radio"/> Educational Placement <input type="radio"/> Educational Planning <input type="radio"/> Behavioral Management <input type="radio"/> Referral Information <input type="radio"/> File Copy for Parent <input type="radio"/> Other (Specify) _____

I hereby request and authorize the above-named agency, organization, or individual to release information, as specified, to the agency, organization, or individual designated to receive the information. This form will also be used to obtain parental permission to invite agency representatives to IEP/Transition meetings. This consent will be in effect for one year from date of signature and can be revoked at any time.

Signature of Parent/Legal Guardian

Witness:

Relationship to Student

Date

**EMERGENCY MEDICAL CARE
 PERMISSION FORM**

Student's Legal Name _____ Grade _____

A. Please check any condition listed below that affects your child:

YES	NO	Condition	Brief description for any "yes" answers, use back if necessary
		ADD/ADHD	
		Asthma (include date of last attack)	
		Birth defect	
		Blood disorder	
		Cerebral Palsy	
		Cystic Fibrosis	
		Diabetes	
		Hearing Problem	
		Heart Problem	
		Kidney/Urinary Problem	
		Migraines	
		Muscle/Bone Problem	
		Missing Organ/Transplant	
		Seizures (include date of last episode)	
		Sickle cell disease	
		Vision problem- Wears glasses	
		Other conditions	

B. Is there any reason that your child's activity should be restricted? No Yes (*Requires doctor's note) If yes, please explain:

C. Please list any known allergies your student has: _____

ALLERGIC REACTION	BREATHING PROBLEMS	RASH/ HIVES	SWELLING	VOMITING	ER	EPIPEN	OTHER
FOOD							
MEDICINE							
INSECT BITE STING							
OTHER							

D. List medicines that your child takes at home and the reason:

E. List medicines or medical procedures that your child will require at school listing the reason: (Doctor's order required for all medicines and procedures.)

F. Please provide the following information regarding persons whom the school can call if your child is sick or injured at school. Additional persons and phone numbers can be listed on a separate page (include child's name).

Mother/Guardian's Name _____

Address _____

Phone: Home _____ Cell _____ Work _____

Father/Guardian's Name _____

Address _____

Phone: Home _____ Cell _____ Work _____

Emergency Contact Name _____

Address _____

Phone: Home _____ Cell _____ Work _____

Preferred Doctor _____

Phone # _____

I give the principal, school nurse, or designated person permission to seek medical care for my children in an emergency. I realize that the school will make every effort to contact me, but I agree that the Rescue Squad may be called and my child may be transported to Carteret General Hospital for emergency medical treatment. In order to make sure my child's special health needs are met, I understand my child's medical information will be shared confidentially with necessary staff members.

Parent Signature

Date

****THIS FORM MUST BE RENEWED YEARLY****

IMMUNIZATION REQUIREMENTS

North Carolina law requires that every child attending public school has the following immunizations. It is the parent/guardian(s)' responsibility to provide a record of these immunizations to the school. Any student who is not age-appropriately vaccinated on the first day of class attendance has 30 calendar days to obtain the required immunizations. No student will be allowed to attend class after the 30-day grace period without proof that all age-appropriate vaccinations have been received as well as Health Assessment.

IMMUNIZATIONS REQUIRED BY NC STATE LAW

Immunization Requirements for Grades Kindergarten - Twelve (K-12):

- Five (5) DTaP One dose must be on or after the student's 4th birthday. If a student's 4th DTaP is on/after the 4th birthday, then a 5th dose is not required.
- Four (4) Polio The booster (4th) dose is required on or after the 4th birthday and before entering school for the first time.
- Two (2) MMR All vaccination dates must be on or after the student's 1st birthday. Two full doses of MMR are recommended; the minimum requirement is 2 Measles, 2 Mumps, 1 Rubella. (Second dose Mumps required for any student entering school on or after July 1, 2008.)
- Three (3) Hep B All students born on or after July 1, 1994.
- Varicella (2) All students born on or after April 1, 2001. Effective July 1, 2015, two doses administered at least 28 days apart. Second dose before entering school for first time.
- Four (4) PVC13 Pneumococcal conjugate vaccine – Four doses; 3 doses by age 7 months and a booster dose at 12 through 15 months of age. An individual born before July 1, 2015 shall not be required to receive pneumococcal conjugate vaccine.

Additional Requirements for Kindergarten Students:

- One (1) Hib Minimum of one dose is required prior to 5th birthday. No doses are required after the 5th birthday.
- Physical Exam Must be completed by a North Carolina licensed healthcare provider within one year prior to the start of kindergarten. Kindergarten N.C. health assessment transmittal form is available at your child's school.

Additional Requirements for Entering 7th Grade:

- Tdap Booster dose of Tdap for students who have not previously received it and are entering 7th grade or by 12 years of age, whichever comes first, effective July 1, 2015.
- MCV One dose for students entering 7th grade or by 12 years of age whichever comes first, effective July 1, 2015.

Additional Requirement for entering 11th Grade

- MCV Booster dose for students entering the 12 grade or 17 years of age beginning August 1, 2020. If the first dose is administered after the 16th birthday the booster dose is not required.

All Students: State law requires that every child entering public schools in N.C. receive a health assessment. The assessment must occur within 12 months prior to entering school. The medical provider, parent or guardian must provide a completed health assessment on the N.C. health assessment transmittal form to the principal of the school on or before the child's first day of attendance. This is NOW required regardless of the grade.

Note: Permanent enrollment in school is contingent upon completion of the above health requirements. Official immunization records (signed and/or stamped by a licensed healthcare provider or health clinic) and physical examination must be provided to the child's assigned school by the first day of class. Students will be suspended from school after 30 calendar days if they have not yet shown proof of physical exam or immunizations. If you have questions, please contact the nurse at your child's school.

I am completely aware of the requirements as outlined above and affix my signature below in acknowledgement thereof.

Print Student Name/School/Grade _____

Parent/Guardian Signature _____

Date _____

MILITARY CONNECTEDNESS INFORMATION SHEET

Student Name _____

Is an immediate family member of your child connected to the U.S. Military, including Active Duty, National Guard and Reserves, Retired Military, Disabled Veteran or a Federal Civil Service Employee?

“Immediate family member” is defined as a parent, step-parent, sibling, guardian or any other person that would normally live in the same household as the child.

_____ Yes _____ No

If yes, please complete the information for each family member on the back of this page. Example and Options:

<i>Relationship</i>	<i>Branch</i>	<i>Status</i>	<i>Grade</i>	<i>Military Installation</i>
Father	Army	Active Duty	E-4	Fort Bragg

Branches: Air Force, Army, Coast Guard, Marine Corps, Navy

Status Options: Active Duty, National Guard, Reserves, Retired Military, Disabled Veteran, Federal Civil Service

Installation: The facility where the service member fulfills their duty role in the military.
 (e.g. Fort Bragg, NG Raleigh Armory, Knightdale Reserve Center etc.)

Grade: Enlisted (E-1 through E-9), Officer (O-1 through O-10), Warrant Officer (W-1 through W-5)

<i>Relationship</i>	<i>Branch</i>	<i>Status</i>	<i>Grade</i>	<i>Military Installation</i>

(Please return a form for each child in your household)

Student LAST Name:
(please print)

Student FULL FIRST Name:
(please print)

Student FULL Middle Name:
(please print)

Grad Year:

PowerSchool #
(if known)

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STUDENT TECHNOLOGY RESPONSIBLE USE FORM

The Carteret County School System seeks to promote positive, responsible, and appropriate use of the Internet and network services that it provides. The world is increasingly using and depending on technology for communication, business, and educational purposes. Therefore, the Internet is a necessary tool that is used in classrooms throughout Carteret County. The Internet provides teachers and students with unique educational opportunities. The Internet is as instructionally important and more current than most textbooks. Web-based programs are used throughout Carteret County Schools to instruct and assess students' instructional objectives, providing them with specific strategies to enhance their learning. Internet-based software accompanies many textbooks. Web-based programs are used regularly to support student achievement. Many state-mandated tests are now administered exclusively on-line. Teachers are making their course information, lesson plans, and other valuable resources available to students on their class websites. Students must use the on-line public access catalog when looking for materials in the school media center.

Expectations and strategies have been implemented to assist with responsible use of the Internet and network services that are provided by Carteret County Schools. Internet content is filtered to prevent student access to inappropriate material. In addition, software is available that allows staff members to monitor the information that is being accessed by students. Continuous efforts are made to teach students how to use the Internet safely and responsibly.

A Technology Responsible Use Policy has been written to address Internet and network issues such as acceptable use, security, vandalism, and consequences for violating the responsible use policy. Carteret County Schools Technology Responsible Use Policy (Policy 3225/4312/7320) is located in the Carteret County Student-Parent Handbook. It can also be accessed from the Carteret County Schools webpage within the Policy Manual.

Parent/Guardian:

Part A—Internet/Network Access

Please check one of the two boxes below. If both boxes are left blank, it will be determined that you DO give the above student Internet/Network permission.

I give the student listed above permission to use the Internet/Network for educational purposes while at school. I acknowledge and understand the guidelines established by Carteret County Schools in Policy 3225/4312/7320.

I do NOT give the student listed above permission to use the Internet/Network for educational purposes while at school.

Signature of Parent/Guardian: _____ Date: _____

Student:

Please complete this section of the Student Internet Acceptable Use Form if your parent/guardian gives you permission to use the Internet/Network for educational purposes while at school.

I acknowledge and understand the guidelines established by Carteret County Schools in Policy 3225/4312/7320. I understand that violation of the Carteret County Schools Technology Responsible Use Policy will result in disciplinary action.

Signature of Student: _____ Date: _____

Amount of Fee: \$15.00

- 2 ways to Pay:
 - Payable directly to your child's school like all other fees (via check or cash)
 - Pay online by going to: www.k12paymentcenter.com

Fee Coverage:

- Normal use and accidental damage of student Chromebook or iPad
- Loaner device from your school's media center during any repair
- Labor costs performed by a certified technician to repair device

Items Not Covered (these items will result in the student being charged and no loaner device issued):

- Device neglect or vandalism
- Repeated damages (greater than twice in a semester)
- Lost devices

Parts Cost (without this coverage, repair cost examples):

- Screen approximately \$35 (Chromebook) to \$200 (iPads)
- Keyboard approximately \$85.00
- Power Charger approximately \$90.00
- Battery approximately \$59.00
- Entire device approximately \$395.00

This fee is non-refundable. It will follow if your student transfers to another CCPS school.

If there is a financial hardship for your student, please contact your school's principal.



Please return this section with your student's technology fee.

Student's Name (please print): _____

School: _____ Date Paid: _____

First Name

Middle Initial

Last Name

Check one:

- I am paying with cash or a check written out to my child's school.
- I have paid my child's fee using the online portal at www.k12paymentcenter.com

Grade: _____ Student ID: _____ Collected by: _____ Receipt #: _____

1:1 Chromebook/Technology Agreement

Online Access Protection

Carteret County Public Schools (CCPS) provides access to educational resources while making every effort to restrict access to potentially objectionable material. CCPS will maintain a filter which protects against access to visual depictions that are obscene, child pornography or harmful to students. CCPS may monitor student access to the Internet. Teachers and staff will personally monitor student activity on school premises as part of their normal oversight of the instructional environment.

Students will be required to access the internet through the CCPS web filter on and off school campus while using school-issued devices. The filter will require students to authenticate using their CCPS username and password to access the Internet. This measure is to assist in preventing access to inappropriate content.

There is no expectation of privacy with either the use of or the contents on the device and/or within cloud services. Electronic messaging and transmitted data stored with CCPS accounts shall not be considered confidential and may be monitored at any time by designated staff to ensure appropriate use.

Although student-use outside the school environment is filtered using the CCPS web filter, it is ultimately the responsibility of the parent/guardian to monitor online activity for students. Regardless of the method of monitoring, students are ultimately accountable for complying with CCPS policies and the guidelines throughout this handbook.

Filtering/Internet Access/Virus Protection

- As required by the Children's Internet Protection Act, a current filtering solution is maintained by the district for school and home use on devices. The district cannot guarantee that access to all inappropriate sites will be blocked. It is the responsibility of the user to follow guidelines for appropriate use of the network and the Internet. It is expected for students to be monitored while using the devices in both the school and home environments.
- CCPS will not serve as the Internet Service Provider (ISP) for home use. However, CCPS will provide filtering of CCPS digital devices while connecting to the internet away from school from home. In order for a student to access the internet, the parent/guardian must contract with an ISP (e.g., CenturyLink, AT&T, Verizon, Spectrum, etc.). At home, a student would need a wireless router or gateway in order to use the school-issued device.

Education, Supervision, and Monitoring

Posting information which would violate the laws pertaining to access by other students will be treated in the same manner according to the discipline plan for students and the regulations for employee conduct for staff.

All students and employees are expected to comply with the CCPS Responsible Use Policy (3225/4312/7320). Failure to comply will result in disciplinary action as directed by district and/or school administration.

Social Networks

Social networking for joint participation in projects and other school related activities are valuable experiences which should be used with permission and with caution. The following activities are deemed unsafe practices and constitute a violation of responsible use:

- to bully or threaten another person
- to cheat on assignments that are confined to individual completion
- for personal business
- to share personal information (about self or others)

Proper Use and Device Care

Students are responsible for the devices they have been issued. Devices that are broken or not working properly and in need of repair or replacement must be reported within 24 hours. Students should report the issue to their assigned teacher for the period in which the damage occurred. School staff will submit a Technical Services Request for any issues.

Employees will determine whether to repair the device on site or issue a loaner. All associated repair/replacement fees will be assessed by school and district employees. If the student is responsible for intentional damage, the parent/guardian and student will be addressed by the principal or his/her designee to determine fees and disciplinary action.

Proper Care Guidelines:

- Close the lid before moving the device.
- Never close objects between the lid and keyboard.
- Never attempt repair or reconfigure settings.
- Stickers, marker, label, or other personalization is not allowed (personalization on an external cover is acceptable).
- Devices may have labels/tags (e.g., bar-coded serial number, medal asset tags, etc.). Under no circumstances should labels be removed or modified. If labels or barcodes are removed, students should notify their teacher immediately.
- Do not open or tamper with the internal components.
- Do not remove any screws - doing so will render the warranty void.
- Take care when inserting cords, cables and other removable storage devices to avoid damaging ports.
- Do not leave in direct sunlight or ultraviolet lighting for extended periods of time.
- Do not leave inside a cold or hot vehicle for long periods of time.

Proper Storage:

- Do not overload in carrying case/backpack.
- Do not throw in carrying case/backpack - lay on a flat surface.
- Do not sit/stand on the device (even when it is in a backpack/carrying case).
- Do not store food/drink (e.g., wrappers or bottles) in the same backpack/carrying case.
- Do not leave devices unattended or in an unsecure location - use designated storage facilities (e.g., a secured locker) while at school and away from school.

Proper Use:

- Keep device on a flat, solid surface so that air can circulate (e.g., using device on a bed or carpet can cause damage due to overheating).
- Keep away from liquids, food and other debris to avoid damages.

Screen Care:

- Screens are very susceptible to damage from excessive pressure or weight.
- Avoid picking up the device by the screen.
- Avoid placing your finger directly on the screen with any force.

Cleaning Devices:

- Disconnect from the power outlet before cleaning.
- Never use liquid cleaners.
- Clean the touchpad with lightly dampened cloth.
- Clean the screen with a soft, lightly dampened, lint-free cloth or use anti-static screen cleaners or wipes.
- Wash hands frequently to avoid buildup on the touchpad.
- Hand lotions can affect the functionality of the touchpad.
- Grease and dirt can cause the cursor to jump around on the screen.

Charging and Battery:

- Students are expected to bring devices to school each day with a fully charged battery. Students may be given the use of a loaner device (depending on the procedure of the school) however, repeated offenses will not be tolerated. Students leaving devices at home may be required to complete assignments using alternate means (as



1:1 Chromebook/Technology Agreement Acknowledgement Form

Student Information

Last Name First Name Grade School

Parent/Guardian Information

Last Name First Name

Address: Street City Zip Code

() () ()
Phone Numbers: Primary Secondary Additional

Parent/Guardian and Student Agreement (if neither option is initialed, it is assumed that permission is granted by your signature below)

- _____ I **DO** give permission for my child to take the school-issued Chromebook home. (Tech fee **MUST** be paid.)
- While at home, the computing resources will be used as an educational tool.
 - In the event of negligence, I understand I am responsible for replacement costs.
 - We will provide our own case, sleeve, or bookbag with a computer sleeve.

- _____ I **DO NOT** give permission for my child to take the school-issued Chromebook home.
- I understand that I am still responsible for costs of damage, loss or theft occurring while it is checked out to my child at school.

Terms of Agreement: I hereby agree to fully comply with this agreement. As a student, I understand that my privilege to use, and possession of the property, terminates the last student day of the school year, unless terminated earlier by the school. I also understand if the property is not returned by the last student day of the school year, I will be financially responsible for the replacement cost, as listed above.

Our signatures below indicate we will fully comply with the terms of this agreement set forth in the preceding pages.

Hold Harmless Agreement: In consideration for being allowed to use a Chromebook for the purpose of enhancing delivery of instruction through advanced technology, I hereby agree to waive and to indemnify, defend and hold harmless the Carteret County Public Schools and its employees from and against all claims, demands, suits, liabilities, damages, losses, and expenses resulting from or arising out of the use of the property as described in this agreement, which causes bodily injury, illness, death, or other damage to persons or property.

Parent/Guardian Signature

Student Signature

Date

Carteret County Public School System

Photographic Permission Slip

The Carteret County Public School System often uses photographs, slides, videos and illustrations (all referred to herein as "photographs") of students for many purposes. Such materials are used in positive ways. Typically, photographs of students are used in four areas. First, school administration uses student photographs in various media to recognize accomplishments of the students or to illustrate the work of the school system. Second, individual schools use photographs of students for directories, to recognize participation or accomplishments of students in school or school related activities, and/or to illustrate the work of an individual school. Third, organizations with connections to schools use photographs of students to recognize participation or accomplishments of students, and/or to illustrate the work of the organization. Fourth, news organizations occasionally use photographs of students to illustrate articles about school activities or student achievement or participation in activities.

In some cases photographs of students could be considered confidential student records under state and/or federal law. As a result, except as provided below, before the school system or individual schools use photographs of students in a manner that may be viewed outside of a school, or permits a school related organization or a news organization to photograph and use a student photograph, a parent must consent. The exception occurs when a parent allows his child to participate in a school activity that is open to the public. Examples are sports teams and music performances. When a parent allows his child to participate in activities which are open to the public, the parent is deemed to approve use of her or his child's photograph relating to such participation in all media without written permission.

Please indicate your choice:

I give permission to the Carteret County Public School System to take and use photographs of my child, or to permit organizations with connections to a school, as well as news organizations, to take and use photographs of my child in positive and wholesome ways related to my child's education. This permission shall continue as long as my child is enrolled in the Carteret County Public School System; however, except for photographs being used by the school system under this permission, I reserve the right to revoke such permission by providing to my child's school principal a written revocation.

I do not give permission for photographs my child to be used in presentations about the school system or a school. ¹

Student's name _____

Signature of Parent/Guardian _____

Date _____

¹ I nonetheless recognize that allowing my child to participate in a school or school related activity that is open to the public is deemed my permission to use a photograph of my child relating to such participation.



STUDENT ACCOUNTABILITY AGREEMENT

The Carteret County Public Schools has adopted policies requiring students to meet State Board of Education standards for promotion in Pre-Kindergarten through twelfth grade. The Superintendent of the Carteret County Public Schools and the principal of your child's school are committed to supporting teachers in establishing a safe and orderly school where all students can learn. We believe that learning best takes place where there are clear expectations for students, parents, and teachers.

We are committed to _____'s success in school and promise to work together to promote his or her achievement.

As a **student** in the Carteret County Public School System, I pledge to...

- Respect myself and the rights of others.
- Follow the code of Student Conduct.
- Attend school regularly, on time, with completed assignments.
- Listen and participate in class.
- Ask my teacher questions when I do not understand.
- Dress appropriately for the school setting.

Student's Signature _____ Date _____

As the **parent** of _____, I pledge to...

- Show respect and support for my child, his/her teachers, and school.
- Make sure my child is well rested, and at school on time with appropriate materials.
- Support school staff members in their efforts to promote appropriate behavior and dress.
- Regularly review my child's assignments and encourage homework completion.
- Communicate regularly with my child's teacher and ask questions when I have concerns.
- Provide a time and place that encourages good study habits.
- Help my child to spend more time reading during his/her free time.
- Attend school conferences when they are requested.

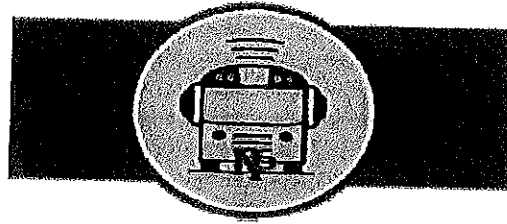
Parent's Signature _____ Date _____

As a **classroom teacher** in the Carteret County Public School System, I pledge to...

- Have high expectations for each student.
- Explain my expectations, instructional goals, and grading system to the student and parent.
- Treat each student with dignity and respect.
- Respect and cooperate with parents, as we work in the best interest of the student.
- Teach the **North Carolina Standard Course of Study** utilizing the best practices in teaching.
- Provide a climate in my classroom that is conducive to learning.
- Communicate with parents through conferences, progress reports, and by telephone.
- Provide enrichment and acceleration opportunities for the student as needed.

Teacher's Signature _____ Date _____

Here Comes the Bus!



Here Comes the Bus continues to be offered as a way for a parent to view the real-time location of his/her child's school bus on a smartphone, tablet or computer. The program is safeguarded because the user must know the student's ID number.

With **Here Comes the Bus**, you and your child will know when the yellow school bus is close to your home. The customizable map will let you see exactly where your child's bus is. That will enable you and your child to be at the bus stop just minutes before the bus arrives in the morning and know exactly what time the bus will arrive in the afternoon. And with your smartphone or tablet, you can customize the **Here Comes the Bus** app to send you notifications when the bus is near. Just imagine, no more long waits at the bus stop!

How to get started:

Visit the **Here Comes the Bus** website at www.herecomesthebus.com;

Click the "Log In" button,

Click the "Sign Up Today" button,

Click the "I Have the Code" button,

Enter your email address, first and last name, and School Code 80357. Then accept Terms and Use Agreement.

Confirm you are registering for Customer Carteret County Public Schools.

Create and confirm password.

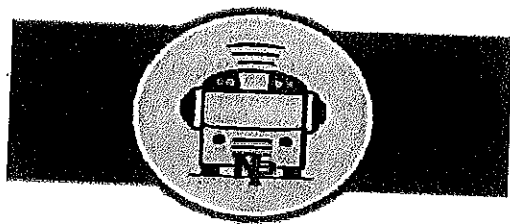
Verify email.

Login, then add students.

Let's get rolling,



Here Comes the Bus!



Here Comes the Bus/Aquí Viene el Bus todavía de está ofreciendo como una manera de ver donde se encuentra el Bus de tu niño/a. Necesitarás un smartphone, tableta o computadora. Es un programa Seguro porque solo tu sabrás el número de identificación de tu estudiante.

Usando el programa de "Aquí Viene el Bus", Tú y tu niño/a sabrá cuando el bus está cerca de tu casa. El mapa te enseñara exactamente donde se encuentra el bus de tu estudiante. Podrás ver en la mañana a qué hora exacta tienes que estar en la parada del bus y saber a qué hora exacta el bus llegara en la tarde. Puedes modificar la aplicación para que te mande un mensaje cuando el bus ya está cerca de tu casa. ¡Ya no tendrás que estar en la parada esperando por mucho tiempo!

¿Como comenzar?

Visita **Here Comes the Bus** en el sitio www.herecomesthebus.com;

Click el "Log In" botón,

Click el "Sign Up Today" botón,

Click el "I Have the Code" botón,

Pont u correo electrónico, tu primer nombre y apellido y código de la escuela 80357. Donde miras (Terms and Use Agreement) acéptalo.

Confirma que estas registrado como Customer Carteret County Public Schools.

Crear y confirmar un código (password).

Verificar tu correo electrónico.

Login, y agregar a tu estudiante.

! Allí estamos!



STUDENT IN TRANSITION AFFIDAVIT

This questionnaire is intended to address the McKinney-Vento Act. Your answers will help the administrator determine residency necessary for enrollment of this student.

****This Section to be Completed by School Personnel****

School: _____ School Contact Person: _____ Enrollment Date: _____

Name of Student: _____ Male _____ Female _____ Student's School ID#: _____

Birth Date: _____ / _____ / _____ Age: _____ Grade: _____ Phone: _____
Month Day Year

Student's Physical Address: _____ City: _____ State: _____ Zip: _____

Student's Mailing Address: _____ City: _____ State: _____ Zip: _____

Please list all children currently living with you, including children ages 0-5 and those 16 and older not attending school: (names & ages)

Parent(s)/Legal Guardian(s) Name: _____ (Please Print Name) Relation: _____

Signature of Parent/Legal Guardian: _____ Date: _____

Presently, where is the student living? (check one)

Permanent housing or an established place of residency (If you checked this box, there is no need to complete the rest of the form.)

In a shelter or transitional housing Provide Name of Shelter /Housing: _____ Since _____

Lives with another family where there is not adequate space for sleeping. Since _____

Lives in a motel, car, campsite, etc. Provide Location Where Student Lives: _____ Since _____

Forced to live with friends or family members (other than parent or guardian) since _____

The student lives with: (check one)

one parent

two parents

one parent and another adult

a relative, friend(s), or other adult(s)

an adult that is not a parent/guardian

alone with no adult

This living arrangement is due to:

Catastrophic loss of housing such as fire, storm damage, or other uninhabitable conditions (Explain) _____

other (Please explain) _____

This living arrangement is: Temporary until _____ Permanent: Indicate if the student is receiving any of the following services:

Exceptional Children English as a Second Language Academically Intellectually Gifted

Do you wish the student continue to attend current school or school in new district? Current New

School/Administrator will complete this portion of the form.

This form is to be routed to the School's Counseling Department. After the Counselor Dept. has received this document and the school has evidence to believe this student would be served under the McKinney-Vento Act, a copy of **this form must be sent to Jody McClenny, Chief Academic Officer for final approval.** Upon approval of this form, a copy will be sent back to the school, the Child Nutrition Dept., etc. for services to be rendered under the McKinney-Vento Act. This form is to be filed in the school's Counseling Department after approval. Keep this form separate from the Student's Permanent Record for audit purposes during the year.

School Must Provide Additional Information: _____

Approved Not Approved Reason: _____

Additional Services to be Provided: _____

Signature of McKinney-Vento Administrator: _____ Date _____

CC: School _____
 Child Nutrition
 Transportation

2021-22 Carteret County Public Schools Free and Reduced Price School Meals Household Application (Complete one application per household. Please use a pen.)

Please return to: 107 Saffit Drive, Beaufort NC 28516, 252-728-4583

A. CHILDREN AND STUDENT Household Members

1) LIST the names of ALL INFANTS, CHILDREN and STUDENTS in the household up to and including grade 12.	2) CIRCLE #s ¹ for STUDENT or #0 ² for Other children that are not students to indicate the child's role in the household.	If applicable, for each STUDENT in the household please ENTER the Name of the School where the student is currently enrolled and their current grade.	If applicable, please CIRCLE if a CHILD/STUDENT is: Homeless Migrant Runaway Foster	CHILD/STUDENT INCOME Earnings from Work	CHILD/STUDENT INCOME ENTER total GROSS income amount (before deductions) in whole dollars only. (\$000)	CHILD/STUDENT INCOME from ALL OTHER SOURCES	B. Assistance Programs Do any household members (including you) currently participate in one or more of the following assistance programs: FNS, Workday/TANF, or FDIPIR?	
First Name Last	Circle One:	School Name	Grade	GROSS Income	CIRCLE Frequency	Income	CIRCLE Frequency	NO YES
	S 0				Weekly Monthly Bi-Weekly Bi-Monthly		Weekly Monthly Bi-Weekly Bi-Monthly	<input type="checkbox"/> NO <input type="checkbox"/> YES
	S 0				Weekly Monthly Bi-Weekly Bi-Monthly		Weekly Monthly Bi-Weekly Bi-Monthly	<input type="checkbox"/> NO <input type="checkbox"/> YES
	S 0				Weekly Monthly Bi-Weekly Bi-Monthly		Weekly Monthly Bi-Weekly Bi-Monthly	<input type="checkbox"/> NO <input type="checkbox"/> YES
	S 0				Weekly Monthly Bi-Weekly Bi-Monthly		Weekly Monthly Bi-Weekly Bi-Monthly	<input type="checkbox"/> NO <input type="checkbox"/> YES
	S 0				Weekly Monthly Bi-Weekly Bi-Monthly		Weekly Monthly Bi-Weekly Bi-Monthly	<input type="checkbox"/> NO <input type="checkbox"/> YES
	S 0				Weekly Monthly Bi-Weekly Bi-Monthly		Weekly Monthly Bi-Weekly Bi-Monthly	<input type="checkbox"/> NO <input type="checkbox"/> YES
	S 0				Weekly Monthly Bi-Weekly Bi-Monthly		Weekly Monthly Bi-Weekly Bi-Monthly	<input type="checkbox"/> NO <input type="checkbox"/> YES
	S 0				Weekly Monthly Bi-Weekly Bi-Monthly		Weekly Monthly Bi-Weekly Bi-Monthly	<input type="checkbox"/> NO <input type="checkbox"/> YES
	S 0				Weekly Monthly Bi-Weekly Bi-Monthly		Weekly Monthly Bi-Weekly Bi-Monthly	<input type="checkbox"/> NO <input type="checkbox"/> YES

C. ADULT Household Members

LAST NAME, FIRST and MIDDLE INITIAL (Last name even if they do not receive income.)	GROSS Income Earnings from WORK	CIRCLE Frequency	Public Assistance/ Child Support	CIRCLE Frequency	Pensions/ Retirement/ All Other Income	CIRCLE Frequency
Head of Household	\$	Weekly Monthly Bi-Weekly Bi-Monthly		Weekly Monthly Bi-Weekly Bi-Monthly		Weekly Monthly Bi-Weekly Bi-Monthly
Other Adult	\$	Weekly Monthly Bi-Weekly Bi-Monthly		Weekly Monthly Bi-Weekly Bi-Monthly		Weekly Monthly Bi-Weekly Bi-Monthly
Other Adult	\$	Weekly Monthly Bi-Weekly Bi-Monthly		Weekly Monthly Bi-Weekly Bi-Monthly		Weekly Monthly Bi-Weekly Bi-Monthly
Other Adult	\$	Weekly Monthly Bi-Weekly Bi-Monthly		Weekly Monthly Bi-Weekly Bi-Monthly		Weekly Monthly Bi-Weekly Bi-Monthly
Other Adult	\$	Weekly Monthly Bi-Weekly Bi-Monthly		Weekly Monthly Bi-Weekly Bi-Monthly		Weekly Monthly Bi-Weekly Bi-Monthly

E. ATTENTION: (Read to use in all cases)

Head of Household Signature: _____ Today's Date: _____

Printed Name: _____ Contract Number: _____ City: _____ State: _____ Zip Code: _____

Address: _____

D. Household Total and Social Security Number (SSN)

ENTER Total Number of Household Members (Children and Adults) HERE: _____

ENTER LAST FOUR DIGITS OF SSN HERE (Head of Household or Primary Wage Earner ONLY): _____

I do not have a Social Security Number

F. Child (ren)'s Ethnic and Racial Identifiers (Optional)

SELECT one ethnicity:

Not Hispanic or Latino

SELECT one or more (regardless of ethnicity):

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

Income Conversion

NOTE: If there are multiple income sources with more than one frequency, the SFA must separate out income by multiplying.

Weekly (x52) Bi-weekly (x26) Monthly (x12) Bi-monthly (x24) Annually

Eligibility Determination:

Categorical Eligibility Free Reduced Denied

Reason for Denial of Eligibility: _____

Determining Official's Signature & Date: _____

Confirming Official's Signature & Date: _____

Verifying Official's Signature & Date: _____

Sources of Income

Sources of Income for CHILDREN/STUDENTS

Sources of Income	Examples
Earnings from work	• A child has a regular full- or part-time job where they earn a salary or wages
Social Security -Disability Payments -Survivor's Benefits	• A child is blind or disabled and receives Social Security benefits • A Parent is disabled, retired or deceased and their child receives Social Security benefits
Income from any other source	• A child receives regular income from a private pension fund, annuity or trust

Sources of Income for ADULTS

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

Income Frequency

Weekly = Once per week	Bi-Weekly = Every two (2) weeks
Monthly = Once per month	Bi-Monthly = Twice per month
Annually = Total salary per year	

PLEASE MAIL APPLICATION TO:

CARTERET COUNTY PUBLIC SCHOOLS
CHILD NUTRITION DEPARTMENT
107 SAFRIT DRIVE
Beaufort, NC 28516

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.

USDA Non-Discrimination Statement

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) 682-9992. 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

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