



The information below reflects current information for your child.
Please complete the appropriate fields and return this form to your child's school.
PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

Name (Legal): _____ Last, First Middle	Homeroom: : _____
Address: _____	Previous School: _____
City, State, ZIP: _____	Grade: _____ Grad Year: _____
Primary Phone*: _____	Student ID: _____ Gender: M or F
	Home Language: _____
	Birth Place: _____
	Date of Birth: _____ SS#: _____
	Retained: Yes No

Special Programs: LEP: GIFTED: HOMELESS: MIGRANT: SPED:

_____ There is a restraining order in effect regarding an individual making contact with this student. I understand I must provide the name and written documentation in order for school personnel to have authority to abide by this request.

FAMILY # 1 (Where the student resides.)

Guardian: _____	Guardian: _____
Relationship: _____	Relationship: _____
Address: _____	Work Phone: _____
City, State Zip: _____	Cell Phone: _____
Primary Phone: _____	E-mail: _____
Work Phone: _____	
Cell Phone: _____	
E-mail: _____	

FAMILY # 2

Guardian: _____	Guardian: _____
Relationship: _____	Relationship: _____
Address: _____	Work Phone: _____
City, State Zip: _____	Cell Phone: _____
Primary Phone: _____	E-mail: _____
Work Phone: _____	
Cell Phone: _____	
E-mail: _____	

EMERGENCY INFORMATION

ONLY INDIVIDUALS LISTED HERE ARE ABLE TO PICK UP THE STUDENT

Name	Relationship	Primary Phone	Work Phone	Cell Phone

SIBLING INFORMATION (ACTIVE IN GISD)

Sibling	Grade	School

MEDICAL INFORMATION

**MEDICAL INFORMATION
THIS INFORMATION IS RESTRICTED**

Does student have any physician diagnosed medical conditions? Yes _____ No _____

This student has a history of:

DIABETES EPILEPSY SEIZURES HEART CONDITION HEMOPHILIA ADD ADHD
 SPEECH IMPAIRMENT ORTHOPEDIC PROBLEMS LOSS OF VISION LOSS OF HEARING ASTHMA
 OTHER (PLEASE SPECIFY) _____

This student has a serious or life threatening allergy to:

MEDICATIONS FOODS INSECT STINGS OTHER

PLEASE EXPLAIN: _____

Please list any daily medication the student takes at home or at school.

Medication name: _____	Dose: _____	Frequency: _____
Medication name: _____	Dose: _____	Frequency: _____
Medication name: _____	Dose: _____	Frequency: _____
Medication name: _____	Dose: _____	Frequency: _____
Medication name: _____	Dose: _____	Frequency: _____
Medication name: _____	Dose: _____	Frequency: _____

DOCTOR TO NOTIFY: _____ **PHONE #:** _____ **FAX:** _____

If in the judgment of any representative of the school, the above student should need care and treatment by any doctor, teacher, nurse, or school representative, I do hereby agree to indemnify and save harmless the doctor, school, and any school representative from any claim by any person whomsoever on account of such care and treatment of said child.

PLEASE FEEL FREE TO CONTACT THE SCHOOL NURSE AT ANY TIME

By signing below, I acknowledge the following:

I have read the electronic and/or hard copy version of the parent-student handbook and code of conduct and understand the contents.

I give permission for my child's information to be distributed to military recruiters: Yes No

I give permission for my child's information to be given to higher education personnel: Yes No

I give permission for my child's information to be shared within the school district and for school sponsored activities. **(District):** Yes No

I give permission for my child to attend school field trips **(Field Trips):** Yes No

I have read and understand the district Responsible Use Policy and the Student Handbook. Yes No

Parent/Guardian Driver's License #: _____ **Birthdate of Parent / Guardian:** _____

Name of Parent / Guardian (Print): _____

Signature of Parent/Guardian: _____ **Date:** _____

Signing this form indicates that all information is correct and that you agree to the terms in the SPECIAL INSTRUCTIONS section. Presenting false information or false records when enrolling a child is a criminal offense under penal code 37.10. A person who knowingly falsifies information on a form required of a student will be liable for tuition or other costs under TEXAS EDUCATION CODE 21.031 (G).

GRANBURY INDEPENDENT SCHOOL DISTRICT

APPLICATION FOR 4 YEAR OLD PREKINDERGARTEN PROGRAM
2021-2022

STUDENT NAME _____

STUDENT DATE OF *BIRTH _____ CHECK ONE: MALE FEMALE

*TO QUALIFY, STUDENT MUST BE FOUR YEARS OLD ON OR BEFORE SEPTEMBER 1 OF CURRENT SCHOOL YEAR. DOCUMENTATION REQUIRED.

CHILD'S SOCIAL SECURITY NUMBER _____

PARENT/GUARDIAN NAME _____

HOME TELEPHONE _____ CELL PHONE _____

MAILING ADDRESS _____

PHYSICAL ADDRESS (IF DIFFERENT FROM MAILING ADDRESS) _____

EMAIL ADDRESS _____

ETHNICITY: PLEASE CHECK ONE: [] HISPANIC [] NOT HISPANIC

RACE: PLEASE CHECK ONE: [] AMERICAN INDIAN [] ASIAN [] HAWAIIAN NATIVE/PACIFIC ISLANDER [] BLACK/ AFRICAN AMERICAN [] WHITE

PARENT/GUARDIAN SIGNATURE _____

DATE OF APPLICATION _____

[] LIMITED ENGLISH PROFICIENT

Student does not speak or comprehend the English Language.

- [] Home Language Survey completed.
[] Oral Language Proficiency Test administered.
Date _____ By _____

Eligible? [] Yes [] No Documentation on file? [] Yes [] No

[] HOMELESS

Student is homeless according to [42USC§11434(a)].

- [] The student lacks a regular, fixed, or adequate nighttime residence and/or
[] The student has a primary nighttime residence that is a shelter providing temporary living accommodations, an institution, or a place not designed for or ordinarily used as a regular sleeping accommodation for human beings.

Eligible? [] Yes [] No
Student Residency Questionnaire on file? [] Yes [] No

[] MEMBER OF THE ARMED FORCES

Active member, activated member, injured while on active duty, MIA or KIA

Eligible? [] Yes [] No Documentation on file? [] Yes [] No

[] FOSTER CHILD

Student is a foster child or has ever been a foster child in the custody of DFPS.

Eligible? [] Yes [] No Documentation on file? [] Yes [] No

[] ECONOMICALLY DISADVANTAGED

Student is eligible to participate in the National School Lunch/Breakfast Program.

- [] Student is eligible for national School Lunch/Breakfast Program.
Total Household Size _____
Total Monthly Household Income _____
All family income must be included:

- Gross earnings ([before deductions] wages, salaries, tips, unemployment compensation, self-employment income, etc.)
• Payments for welfare, child support, alimony, pensions, retirement, social security
• Any other income (disability benefits, interest/dividends, etc.)

OR

- [] Family receives food stamps (not Lone Star).
Number- _____
[] Family receives TANF (formerly AFDC).
Number _____
Eligible? [] Yes [] No Documentation on file? [] Yes [] No

[] STAR OF TEXAS AWARD

Student is the child of a peace officer, firefighter or emergency medical first responder who has been awarded a Star of Texas.

Eligible? [] Yes [] No Documentation on file? [] Yes [] No

[] PARENT IS A GISD EMPLOYEE AT _____

ELIGIBILITY VERIFIED BY:

CAMPUS ADMINISTRATOR SIGNATURE: _____

PARENT/GUARDIAN NOTIFIED BY: _____

CAMPUS ADMINISTRATOR NAME: _____

DATE VERIFIED: _____

DATE NOTIFIED: _____

Granbury ISD, 2021-2022 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 <https://www.myschoolapps.com/Application>

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.			Student Attends School in District?		Grade	Optional: Student ID Number	Check all that apply.				
First Name	MI	Last Name	Yes	No			Foster	Head Start	Homeless	Migrant	Runaway
1.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 2D.)	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/ Child Support/ Alimony (Enter Amount)	Frequency (Circle One)	Pensions/Retirement/ Social Security/Supplemental		All Other (Enter Amount)	Frequency (Circle One)
					Security Income (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 Granbury ISD Admin Bldg Child Nutrition Att. Davelyn Davis 217 N Jones St Granbury TX 76048.

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?		Grade	Optional: Student		Check all that apply.				
			Yes	No		ID Number	Foster	Head Start	Homeless	Migrant	Runaway	
5.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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](http://www.ascr.usda.gov/complaint_filing_cust.html), (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							Date Received:			
Household Size: _____	Total Income: _____	Weekly <input type="checkbox"/>	Every 2 Weeks <input type="checkbox"/>	Twice a Month <input type="checkbox"/>	Monthly <input type="checkbox"/>	Annually <input type="checkbox"/>	Categorical Determination <input type="checkbox"/>	Eligibility: Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/>		
Reviewing/Determining Official's Signature/Date		Confirming Official's Signature/Date								