



**5303-F-1 Student Enrollment Form**

Most recent school's address: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

**Residency Information**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

Residence within District Boundaries  Residence not within District Boundaries

District of residence (if non-resident): \_\_\_\_\_

Proof of Residency (Residents: Please attach copies of 2 of the following documents to this Enrollment Form. Check the documentation you have attached.):

Utility Bill  Lease Agreement  Mortgage Statement  
 Property Tax Payment  Other: \_\_\_\_\_

**Special Education Information**

Does the Student currently receive special education or other support services?  Yes  No

Does your child have an IEP?  Yes  No

Does your child have a 504 Plan?  Yes  No

Does your child have a health plan?  Yes  No

**Parent/Guardian Contact Information (This is NOT emergency contact information)**

**Parent/Guardian 1**

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

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

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

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**5303-F-1 Student Enrollment Form**

- Legal Parent/Guardian?  Yes  No  
Custodial Parent/Guardian?  Yes  No  
Currently serving in the United States Military?  Yes  No  
Receive separate mailing from Parent/Guardian 2?  Yes  No

**Parent/Guardian 2**

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

Street Address

City State Zip Code

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

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- Legal Parent/Guardian?  Yes  No  
Custodial Parent/Guardian?  Yes  No  
Currently serving in the United States Military?  Yes  No  
Receive Separate Mailing from Parent/Guardian 1?  Yes  No

I certify that the above information is true and accurate to the best of my knowledge. I agree to provide the required immunization documentation, proof of Student identity, and proof of residency in accordance with the requirements established on this Enrollment Form, Board Policy, and State law.

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

\_\_\_\_\_  
Date

# Preschool Information

Did your child attend a 4-year-old program preschool?  Yes  No

### Preschool Name:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Great Beginnings Bear Lake | <input type="checkbox"/> GSRP Bear Lake         | <input type="checkbox"/> GSRP Four Stars Brethren    |
| <input type="checkbox"/> GSRP Madison Manistee      | <input type="checkbox"/> Head Start Kaleva      | <input type="checkbox"/> Head Start Manistee         |
| <input type="checkbox"/> ISD Preschool              | <input type="checkbox"/> Leaps & Bounds Onekama | <input type="checkbox"/> Manistee Area Public School |
| <input type="checkbox"/> MCC                        | <input type="checkbox"/> Trinity Lutheran       | <input type="checkbox"/> Out of county preschool     |
| <input type="checkbox"/> Other                      |   |  |

### Preschool Type:

- GSRP Head Start/GSRP Blend  Head Start  School Tuition  Non Public Tuition  Other

### Preschool Day:

- Full Day - every day  Half Day - every day  Full Day - 4 days a week  
 Half Day - 4 days a week  Full Day - less than 4 days a week  
 Half Day - less than 4 days a week  Other

Repeated 4-year-old program?  Yes  No

Attended only a partial year 4-year-old program?  Yes  No

Did your child attend a 3-year-old program preschool?  Yes  No

### Preschool Name:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Great Beginnings Bear Lake | <input type="checkbox"/> GSRP Bear Lake         | <input type="checkbox"/> GSRP Four Stars Brethren    |
| <input type="checkbox"/> GSRP Madison Manistee      | <input type="checkbox"/> Head Start Kaleva      | <input type="checkbox"/> Head Start Manistee         |
| <input type="checkbox"/> ISD Preschool              | <input type="checkbox"/> Leaps & Bounds Onekama | <input type="checkbox"/> Manistee Area Public School |
| <input type="checkbox"/> MCC                        | <input type="checkbox"/> Trinity Lutheran       | <input type="checkbox"/> Out of county preschool     |
| <input type="checkbox"/> Other                      |   |  |

### Preschool Type:

- GSRP Head Start/GSRP Blend  Head Start  School Tuition  Non Public Tuition  Other

### Preschool Day:

- Full Day - every day  Half Day - every day  Full Day - 4 days a week  
 Half Day - 4 days a week  Full Day - less than 4 days a week  
 Half Day - less than 4 days a week  Other

Repeated 3-year-old program?  Yes  No

Attended only a partial year 3-year-old program?  Yes  No

What was your child's primary form of care in the last year? (Check up to 3 relevant choices) If the child was primarily at home during the last year, please check **NO PRIOR CARE**.

- \_\_\_\_\_ **Great Start Readiness Program (GSRP)** (State funded program age 4 by Sept. 1)
- \_\_\_\_\_ **Head Start** (Federally funded programs ages 3 & 4)
- \_\_\_\_\_ **Early Childhood Special Education Classroom** (School based preschool for special needs students with an IEP)
- \_\_\_\_\_ **Young Fives/Developmental Kindergarten** (Plan is for child to attend regular Kindergarten next year)
- \_\_\_\_\_ **Child Care-Home Based** (Operated out of a private home)
- \_\_\_\_\_ **Private Child Care Center** (Commercial business that may be independent or part of a chain)
- \_\_\_\_\_ **Registered Family/Relative Child Care** (Family or relative care provider receiving state assistance to provide care)
- \_\_\_\_\_ **Tuition-Based Preschool** (Full or half day of instruction and learning)
- \_\_\_\_\_ **No Prior Care Program** (Stay at home for care)
- \_\_\_\_\_ **Kindergarten** (Child has been retained for a second year of kindergarten)

**BEAR LAKE SCHOOLS  
EMERGENCY MEDICAL AUTHORIZATION PERMIT**

Grade \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Telephone No. \_\_\_\_\_

Number & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother's Name (Guardian) \_\_\_\_\_ Father's Name (Guardian) \_\_\_\_\_

Mother's Employment \_\_\_\_\_ Telephone No. \_\_\_\_\_ Father's Employment \_\_\_\_\_ Telephone No. \_\_\_\_\_

Family Physician \_\_\_\_\_ Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Family Dentist \_\_\_\_\_ Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Insurance Company \_\_\_\_\_ I.D. No. \_\_\_\_\_

**Important Medical Information:** Please list allergies, known drug reactions, current prescribed medication/treatments, and previous operations or hospital confinements. \_\_\_\_\_

Whenever my child is involved in a school activity and I am unavailable or otherwise unable to provide authorization directly, I grant to the school principal or his/her designee the authority to act for me and to provide any required consents and authorization for the delivery of emergency medical care, diagnosis, and treatment, including surgical intervention, if necessary, on behalf of my minor child listed above and to do all other necessary things as I might or could do to provide for the child's health and safety, if I were present. This authorization is valid for the current school year or until such time as I withdraw the authorization.

Authorized: \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian

**IMPORTANT**

To the Students and Parents/Guardians:

This page must be signed by you and your parent or legal guardian and returned to the school.

I, \_\_\_\_\_, have read the Student Handbook and am familiar with its contents. I understand that I am responsible for being aware of the policies contained in the handbook and failure to do so will not be justification for any violations.

My parent or legal guardian has had an opportunity to become familiar with the contents of this handbook and will so indicate by signing below.

\_\_\_\_\_  
Student Signature

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

\_\_\_\_\_  
Date

THANK YOU VERY MUCH

**The Faculty, Support Staff and Administration of Bear Lake Schools**



## 2025-2026 Schools of Choice Application

Date of Application: \_\_\_\_\_

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

Grade Entering in current school year: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Attended in previous school year: \_\_\_\_\_

School district in which you reside: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Alternate phone number(s): \_\_\_\_\_

Email address: \_\_\_\_\_

Is a sibling currently attending Bear Lake Schools as a Schools of Choice Student?  Yes  No

Name(s) and grades of siblings: \_\_\_\_\_

Has your child ever been expelled from any school district?  Yes  No

If yes, state the school, date and reason: \_\_\_\_\_

Has your child ever been suspended from any school within the last two (2) years?  Yes  No

If yes, state the school, date and reason: \_\_\_\_\_

Has your child ever been convicted of a felony?  Yes  No

If yes, explain and when: \_\_\_\_\_

Has your child ever been tested for specialized services?  Yes  No

Does your child receive specialized assistance in school?  Yes  No

I give my permission for the release of information to Bear Lake Schools regarding all suspensions within the past two (2) years as well as any expulsions involving my child.  Yes  No

I understand transportation will be the responsibility of the parent/guardian.  Yes  No

I understand that misrepresenting or withholding information on the application may cause the application to be withdrawn or rejected.  Yes  No

I understand that Michigan High School Athletic Association (MHSAA) regulations apply to all high school age transfers. Yes No

Student's Name: \_\_\_\_\_

Reason for Parent(s)/Guardian(s) student to request a transfer to a School of Choice:

\_\_\_\_\_  
\_\_\_\_\_

**\*Please note that the following applies to Schools of Choice applications for students who reside in an intermediate school district other than the Manistee Intermediate School District: If your application for schools of choice enrollment is accepted and if your child is eligible for special education programs and services according to statute or rule, or is a child with disabilities, as defined under the individuals with disabilities education act, Title VI of Public Law 91-230, actual enrollment cannot occur until Bear Lake Schools reaches a written agreement with the district in which you reside. This agreement will address providing your child with a free appropriate public education and must also include, but is not limited to, an agreement on the responsibility for the payment of the added costs of special education programs and services for the pupil. If such agreement is not reached, your application will not be accepted.**

By my signature below, I give my permission for the release of discipline information for

\_\_\_\_\_ (Student's name), to Bear Lake Schools, and I certify that all of the information contained in this application form is complete and correct. I understand that any incorrect or inaccurate statement, including but not limited to the statement on suspensions and expulsions, will result in either non-admission or no further consideration of this application or if already admitted, immediate suspension and dismissal as a student.

\_\_\_\_\_  
Parent's/Guardian's Signature (required)

\_\_\_\_\_  
Date (required)

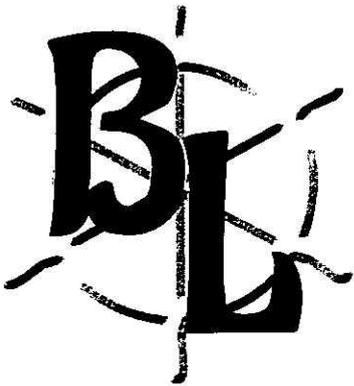
**\*\*\*OFFICIAL OFFICE USE ONLY\*\*\***

The student has been  Accepted  Rejected to participate in the requested Schools of Choice program in the Bear Lake Schools.

Reason for rejection: Suspended within last two years Expelled  Convicted of a felony  
 105c Special Education Cooperative Agreement not reached

\_\_\_\_\_  
Superintendent of Schools Signature (required)

\_\_\_\_\_  
Date (required)



**BEAR LAKE SCHOOLS**

7748 Cody Street | Bear Lake, MI 49614

(231) 864.3133 | Fax (231) 864.3434

**REQUEST FOR EDUCATIONAL RECORDS**

FEDERAL STATUTE ENTITLED:

THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974

Section 99.34 state in summary that Schools may send a student's educational record to officials to other schools or school systems in which the student seeks or intends to enroll, upon condition that the student's parents be notified of the transfer, receive a copy of the record, if desired, and have an opportunity to challenge the content of the record.

Records should be sent in compliance with the Freedom of Information Act.

I have read the statement above. Please send the following records of my child:

- Educational
- Health
- Remedial

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

\_\_\_\_\_  
Birthdate

\_\_\_\_\_  
Last Grade Attended

\_\_\_\_\_  
Date of Request

**LAST SCHOOL ATTENDED:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

MAIL TO:  
Student Records  
Bear Lake Schools  
7748 Cody Street  
Bear Lake, MI 49614

\_\_\_\_\_  
Signature of Parent/Guardian/Eligible Student

\_\_\_\_\_  
Date

Requested by: \_\_\_\_\_

APPENDIX D: DIRECTORY INFORMATION AND OPT OUT FORM

**5309-F-2 Directory Information and Opt-Out**

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

The Family Educational Rights and Privacy Act (FERPA) requires that Bear Lake Schools obtain your written consent prior to the disclosure of personally identifiable information from your child's education records, unless certain conditions specified by FERPA are met. FERPA distinguishes between personally identifiable information and directory information, however, and the District may disclose appropriately designated "directory information" without your written consent, unless you have advised the District to the contrary.

If you *do not* want your student's directory information released for one or more of the purposes listed below, please complete this form and return it to your student's school office by October 1 of the current school year.

If you fail to complete and return this form, the District will presume that you give permission to release your student's directory information for all the uses listed below.

Your Opt-Out request will be recorded in the student information system and kept on file in the school's office for 1 school year.

Directory information includes:

- student names, addresses, and telephone numbers;
- photographs, including photographs and videos depicting a student's participation in school-related activities;
- grade level;
- enrollment status (e.g., full-time or part-time);
- dates of attendance (e.g., 2013-2017);
- participation in officially recognized activities and sports;
- weight and height of athletic team members;
- degrees, honors, and awards received

**Please check the boxes next to the purpose(s) for which you *do not grant* the District permission to disclose your student's directory information, below.**

Bear Lake Schools *may not* disclose my student's directory information for the following purposes:

- a. student names, addresses, and telephone numbers;
- b. photographs, including photographs and videos depicting a student's participation in school-related activities and classes;
- c. date and place of birth;
- d. major field of study;
- e. grade level;
- f. enrollment status (e.g., full-time or part-time);
- g. dates of attendance (e.g., 2013-2017);
- h. participation in officially recognized activities and sports;
- i. weight and height of athletic team members;
- j. degrees, honors, and awards received; and
- k. the most recent educational agency or institution attended.

The Board further designates District-assigned student email addresses as directory information for the limited purposes of: (1) facilitating the student's participation in and access to online learning platforms and applications; and (2) inclusion in internal school and District email address books.

#### **Information to U.S. Military Recruiters and Institutions of Higher Education Recruiters**

Federal law requires the District to release a secondary school student's name, address, and telephone number to U.S. Military recruiters and institutions of higher education upon their request. If you do not want your student's information released for one or both of those purposes, please check one or both of the boxes below:

- Do not release my student's name, address, or telephone number to U.S. Military recruiters without my prior written consent.
- Do not release my student's name, address, or telephone number to institutions of higher education recruiters without my prior written consent.

Parent/Guardian/Eligible Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPENDIX E: ACCEPTABLE USE AGREEMENT**

I have read this Agreement and agree that as a condition of my child's use of the school's Technology Resources, which include: (1) internal and external network infrastructure, (2) Internet and network access, (3) computers, (4) servers, (5) storage devices, (6) peripherals, (7) software, and (8) messaging or communication systems, I release the school and its board members, agents, and employees, including its Internet Service Provider, from all liability related to my child's use or inability to use the Technology Resources. I also indemnify the school and its board members, agents, and employees, including its Internet Service Provider, for any fees, expenses, or damages incurred as a result of my child's use, or misuse, of the school's Technology Resources.

I have explained the rules listed above to my child.

I authorize the school to consent to the sharing of information about my child to website operators as necessary to enable my child to participate in any program, course, or assignment requiring such consent under the Children's Online Privacy Protection Act.

I understand that data my child sends or receives over the school's Technology Resources is not private. I consent to having the school monitor and inspect my child's use of the Technology Resources, including any electronic communications that my child sends or receives through the Technology Resources.

I understand that the school does not warrant or guarantee that its Technology Resources will meet any specific requirement or that they will be error free or uninterrupted; nor will the school be liable for any damages (including lost data, information, or time) sustained or incurred in connection with the use, operation, or inability to use the Technology Resources.

I agree that I will not copy, record, or share, or allow my child to copy, record, or share, any information sent to my child via the school's Technology Resources that includes personally identifiable information about any other child including, without limitation, videos, audio, documents, or other records that identify another student by name, voice, or likeness.

I understand and agree that my child will not be able to use the school's Technology Resources until this Agreement has been signed by both my child and me.

I agree that my child will return all Technology Resources to the school in good working order immediately on request and that I am responsible for any damage to the Technology Resources beyond normal wear and tear.

I have read this Agreement and agree to its terms.

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



Located inside  
**BEAR LAKE SCHOOLS**  
 7748 CODY STREET  
 BEAR LAKE, MI 49614  
 PHONE: 231-465-1943

## PARENT/GUARDIAN/CLIENT CONSENT FORM

(Please read and complete entire form)

Student Name	Date of Birth	School		
Gender	Grade	Race <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pac Islander <input type="checkbox"/> Multi-Racial Ethnicity <input type="checkbox"/> Arab <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Arabic/Hispanic		
Address	City	Zip Code	Parent Phone #	
Parent/ Guardian	Relationship to Student	Parent Work Phone #		
Emergency Contact	Relationship to Student	Phone #		

### SERVICES THAT MAY BE PROVIDED AT THE SCHOOL CLINIC

- Sick Care/ Minor Illness
- Treatment for Acute & Chronic Illness & Injuries
- Over-the-Counter Medications
- Immunizations
- Education/ Support Programs for Nutrition/ Fitness, etc.
- Referrals for Specialty Services
- COVID-19 Rapid Antigen Testing with additional parental consent
- Lab testing for influenza and blood glucose

- I give my consent for the above-named student to receive all services as indicated in this document.
  - If you do **NOT** want your child to be given any over-the-counter medications (i.e. Tylenol)
  - If you do **NOT** want your child to receive immunizations, check this box. Immunizations will not be given without specific written or verbal consent of the parent/guardian. Visit [Michigan VIS](#) for the most current Vaccine Information Statements (VIS).
- By signing this consent form, I certify that I am the legal guardian and legal custodian of the student named above.
- I understand that it is not necessary to renew my consent yearly, but it is necessary to have updated address, phone, insurance, and my child's current health information. I further authorize the School Clinic to release information regarding treatment to the following: Clinic Staff and its' subcontractors, school staff only with a separate signed release of information (when needed to coordinate services at school), and third-party payers when needed for payment of services.
- I understand I may withdraw my consent for services at any time upon prior written notice.
- I authorize both the School Clinic and my child's primary care provider to exchange health care information for the purpose of continuity and coordination of care.
- I understand that my child may have the opportunity to participate in educational programs related to health and wellness topics and have the opportunity to give feedback on services and programs through surveys or focus groups.
- I understand that testing for bloodborne diseases, including HIV/ AIDS, may be performed upon a patient without separate written consent in the event that a healthcare professional receives a cut or exposure to my child's blood or body fluids.
- I understand that immunizations are provided with charges based on the client's income, and I understand that no one will be denied services regardless of ability to pay.
- I understand that my privacy and health information will be handled in a confidential manner as required by the Health Information and Privacy Act (HIPAA) as set forth by DHD #10 (see attached notice).
- I understand that if face-to-face services are not available, telehealth may be an appropriate alternative. All existing laws that apply to face-to-face services also apply to telehealth.
- I understand reasonable and appropriate efforts have been made to eliminate any confidential risks associated with telehealth.
- I understand telehealth can include consultation, treatment, transfer of medical/mental health data, emails, telephone conversations and/or education using interactive audio, video, or data communications.

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**RETURN TO:** The School Clinic or School Office

**STUDENT AND FAMILY HISTORY FORM**

ALLERGIES (MEDICATION, FOOD, ENVIRONMENTAL)				REACTION/SEVERITY	
MEDICATION/PRESCRIPTIONS/VITAMINS	DOSE	FREQUENCY	ROUTE	PRESCRIBED BY	REASON

**STUDENT MEDICAL HISTORY**

The following information will aid the School Nurse in making an accurate assessment of your child in case of illness or emergency. Please check the appropriate box if your child has had any of the following.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> YES <input type="checkbox"/> NO MEASLES         | <input type="checkbox"/> YES <input type="checkbox"/> NO SLEEP PROBLEMS                 | <input type="checkbox"/> YES <input type="checkbox"/> NO SEIZURES                |
| <input type="checkbox"/> YES <input type="checkbox"/> NO MUMPS           | <input type="checkbox"/> YES <input type="checkbox"/> NO HEAD/EYES/EARS/THROAT PROBLEMS | <input type="checkbox"/> YES <input type="checkbox"/> NO UNEXPLAINED WEIGHT LOSS |
| <input type="checkbox"/> YES <input type="checkbox"/> NO ANEMIA          | <input type="checkbox"/> YES <input type="checkbox"/> NO BLOOD TRANSFUSIONS             | <input type="checkbox"/> YES <input type="checkbox"/> NO UNEXPLAINED TIREDNESS   |
| <input type="checkbox"/> YES <input type="checkbox"/> NO BIRTH DEFECT(S) | <input type="checkbox"/> YES <input type="checkbox"/> NO ANAPHYLACTIC EPISODES          | <input type="checkbox"/> YES <input type="checkbox"/> NO PERSISTENT COUGH        |
| <input type="checkbox"/> YES <input type="checkbox"/> NO DIABETES        | <input type="checkbox"/> YES <input type="checkbox"/> NO CHEST PAIN                     | <input type="checkbox"/> YES <input type="checkbox"/> NO UNEXPLAINED WEIGHT GAIN |
| <input type="checkbox"/> YES <input type="checkbox"/> NO CHICKEN POX     | <input type="checkbox"/> YES <input type="checkbox"/> NO JOINT OR MUSCLE PAIN/STIFFNESS | <input type="checkbox"/> YES <input type="checkbox"/> NO LEUKEMIA                |
| <input type="checkbox"/> YES <input type="checkbox"/> NO RHEUMATIC FEVER | <input type="checkbox"/> YES <input type="checkbox"/> NO SCARLET FEVER                  | <input type="checkbox"/> YES <input type="checkbox"/> NO STOMACH/BOWEL PROBLEMS  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO ASTHMA          |   | <input type="checkbox"/> YES <input type="checkbox"/> NO EXPOSED TO TUBERCULOSIS |

If you checked any boxes above, please explain:

\_\_\_\_\_

STUDENT'S DOCTOR   _____	PHONE NUMBER   _____
STUDENT'S DENTIST   _____	PHONE NUMBER   _____
ANY SURGERIES? (TYPE/REASON, DATE?)	_____
ANY HOSPITALIZATIONS? (TYPE/REASON, DATE?)	_____
ANY SERIOUS INJURIES OR ILLNESSES? (EXPLAIN)	_____

**RESOURCE ASSISTANCE**

WOULD YOU LIKE INFORMATION FROM OUR STAFF REGARDING THE FOLLOWING?  -OPTIONS FOR HEALTH INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO  -FINDING A HEALTH CARE PROVIDER? <input type="checkbox"/> YES <input type="checkbox"/> NO (doctor or nurse practitioner)  -FINDING A DENTIST? <input type="checkbox"/> YES <input type="checkbox"/> NO	WOULD YOU LIKE MORE INFORMATION REGARDING MENTAL HEALTH SERVICES FOR YOUR CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO
	ARE YOU CONCERNED ABOUT YOUR INCOME MEETING THE BASIC NEEDS OF YOUR FAMILY? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Please circle concerns: <input type="checkbox"/> FOOD <input type="checkbox"/> CLOTHING <input type="checkbox"/> HOUSING <input type="checkbox"/> TRANSPORTATION TO MEDICAL OR SCHOOL APPTS <input type="checkbox"/> HEAT/WATER BILLS
	IF YOU ANSWERED YES TO ANY OF THE ABOVE, A MEMBER OF OUR STAFF MAY CONTACT YOU.

IS THERE ANYTHING ELSE YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD? \_\_\_\_\_

\_\_\_\_\_

## EDUCATION BENEFITS FORM SY 2025 - 2026

District: \_\_\_\_\_

School: \_\_\_\_\_

**Part A: STUDENT INFORMATION - Complete for each student Pre-K through 12th Grade**

Student's Last Name	Student's First Name	Grade Level	School	Identify H if Homeless M if Migrant R if Runaway F if Foster

**Part B: BENEFITS RECEIVED (if applicable)**

If any member of your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, provide the name and case number for the person who receives benefits. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Part C: HOUSEHOLD SIZE	Part D: ANNUAL HOUSEHOLD INCOME - Select the appropriate range of combined annual income for all people in the household (Include all income before taxes)		
<input type="checkbox"/> 1 →	<input type="checkbox"/> At or below \$20,345	<input type="checkbox"/> Between \$20,346 and \$28,953	<input type="checkbox"/> At or above \$28,954
<input type="checkbox"/> 2 →	<input type="checkbox"/> At or below \$27,495	<input type="checkbox"/> Between \$27,496 and \$39,128	<input type="checkbox"/> At or above \$39,129
<input type="checkbox"/> 3 →	<input type="checkbox"/> At or below \$34,645	<input type="checkbox"/> Between \$34,646 and \$49,303	<input type="checkbox"/> At or above \$49,304
<input type="checkbox"/> 4 →	<input type="checkbox"/> At or below \$41,795	<input type="checkbox"/> Between \$41,796 and \$59,478	<input type="checkbox"/> At or above \$59,479
<input type="checkbox"/> 5 →	<input type="checkbox"/> At or below \$48,945	<input type="checkbox"/> Between \$48,946 and \$69,653	<input type="checkbox"/> At or above \$69,654
<input type="checkbox"/> 6 →	<input type="checkbox"/> At or below \$56,095	<input type="checkbox"/> Between \$56,096 and \$79,828	<input type="checkbox"/> At or above \$79,829
<input type="checkbox"/> 7 →	<input type="checkbox"/> At or below \$63,245	<input type="checkbox"/> Between \$63,246 and \$90,003	<input type="checkbox"/> At or above \$90,004
<input type="checkbox"/> 8 →	<input type="checkbox"/> At or below \$70,395	<input type="checkbox"/> Between \$70,396 and \$100,178	<input type="checkbox"/> At or above \$100,179

**\* Special Instructions for households with more than 8 people: DO NOT check the boxes above. Instead, fill in items below:**

Household size (# people): \_\_\_\_\_ Total annual income: \_\_\_\_\_

**Part E: CERTIFICATION - The head of household or adult designee who completed this form must complete this certification section**

I certify (promise) that all information on this form is true and that all income is reported to the best of my knowledge. I understand that this form may impact the amount of State or Federal funding allocated to my local school district. I understand that the information I have provided may be verified.

\_\_\_\_\_  
(Signature) (Printed Name) (Date)

\_\_\_\_\_  
(Address) (City) (Zip)

\_\_\_\_\_  
(Email Address) (Home Phone) (Work Phone)

**Do NOT fill out this section. This is for school use only.**

Status: F \_\_\_\_\_ R \_\_\_\_\_ N \_\_\_\_\_ Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **INSTRUCTIONS FOR COMPLETING THE EDUCATION BENEFITS FORM**

This form is used to determine eligibility for state benefits for which your child(ren)'s school may qualify. Please complete, sign, and return this form to your child's school.

If any member of your household receives benefits from the Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, please follow these instructions:

**Part A: Student Information** – For each student in the household Pre-K through 12th grade, list the last name, first name, grade level, school, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

**Part B: Benefits Received** – If any household member, including adults, receives Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR), provide the name and case number. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

**Part C: Household Size** - Check the box for the total number of individuals living in your household. This should include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.

**Part D: Annual Household Income** – Skip this part

**Part E: Certification** - Sign the form. Print your name and date.

If your household does not receive benefits from the Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, please follow these instructions:

**Part A: Student Information** - For each student in the household Pre-K through 12th grade, list the last name, first name, grade level, school, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

**Part B: Benefits Received** – Skip this part

**Part C: Household Size** – Check the box for the total number of individuals living in your household. This should include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.

**Part D: Annual Household Income** – Moving across the same row as the household size check box, check the box that shows the range of annual income for all people in your household. Make sure to include all of the following income sources: work, welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, child income and/or all other income. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc.

**Part E: Certification** - Sign the form. Print your name, date, and contact information.