

City of Palms Charter High School, Inc.

City of Palms Charter High School

2830 Winkler Ave. #201

Fort Myers, FL 33916

P: 239-561-6611 F: 239-561-6230

Palm Acres Charter High School

507 Sunshine Blvd. N. Unit B

Lehigh Acres, FL 33971

P: 239-333-3300 F: 239-368-1330

Northern Palms Charter High School

13251 N. Cleveland Ave

North Fort Myers, FL 33903

P: 239-997-9987 F: 239-997-9981

Office Use only

HR Teacher: _____ Grade: _____ Session: _____ Enrollment Date: _____

ESE Yes _____ No _____ ESOL LY LF LZ ZZ Lunch Status: _____

Student Name: Last: _____ First: _____ Middle: _____

Age: _____ D.O.B: _____ Social Security No.: _____ - _____ - _____ Student ID: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent(s) / Guardian(s) Name: _____

Parent / Guardian E-Mail: _____

Parent Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Cell: (____) _____ - _____

Student Phone: (____) _____ - _____ Other: (____) _____ - _____

Last School Attended: _____

School Services Received: English as a Second Language Yes _____ No _____

Other: _____

Probation Officer Name: _____ Phone: (____) _____ - _____

Probation Officer E-Mail: _____

How did you hear about our Northern Palms Charter High School?

News Paper Internet Radio TV Flyer at the Mall

Friend _____ Other _____

Check list for completed application:

Birth Certificate

Copy of picture ID (Parent if student under 18)

Lunch Form

Proof of Residency for example:

(Utility Bill, State Docs., Phone, Tax forms only)

Immunization Records, FL card, and School Physical

(If coming from out of state)

Social Security Card (Not mandatory)

If Applicable: _____ IEP forms _____ 504 Plan forms _____

Session 1 7:00A.M. – 12:00 P.M. Session 2 9:30 A.M. – 2:30 P.M. Session 3 12:00 P.M. – 5:00 P.M.

Print Screen 9

Print Screen 7

Print Screen 19

Check guardianship on Mainframe

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ENROLLMENT APPLICATION

(Please print in blue or black ink)

STUDENT INFORMATION

Date _____

Student Name: _____
First Middle Last

Address _____ Apt. # _____ City _____ Zip Code _____

Primary Phone # _____ Alternate Phone # _____ Email: _____

Social Security # (optional) _____ - _____ - _____ Birth Date _____ Gender: Male Female

Native Language: _____ U.S. Citizen? No Yes If no, list nationality _____

Race / National Origin: Asian or Pacific Islander Black, Non-Hispanic Hispanic
White, Non-Hispanic American Indian or Alaskan Native Multi-racial

Birth Place _____
City State Country

Does the student presently work? Yes No If yes, where _____ Hours/week? _____

STUDENT'S FAMILY DATA

PLEASE CHECK ALL THAT APPLY IN THE FOLLOWING CATEGORIES:

Who has legal custody of the student?

Marital Status of the student's parents?

Both Parents	One Parent (Mother or Father)	Married
Mother and Stepfather*	Father and Stepmother*	Separated
Foster Care	Guardian	Divorced
Ward of the State	Other: _____	Never Married
Independent (Self-supporting)		

***Only choose Mother/Stepfather or Father/Stepmother if BOTH the parent and stepparent have legal custody of the student and documentation can be provided.**

Type of custody?	Do you have a court order restricting the non-custodial parent(s)?	Yes	No	N/A
Full Custody	Do you have complete custody papers?	Yes	No	N/A
Shared/Joint Custody	(A complete set of custody and/or guardianship papers must be on file with the school office.)			

Legal Mother/Guardian Name: _____
Last First Maiden

Legal Father/Guardian Name: _____
Last First

Is the student a registered voter? Yes No

Does the student have any children? Yes No If Yes, how many? _____

Is the student presently reporting to a probation officer? Yes No *Please note: responding yes will NOT exclude the student from admission

* If yes, will the student need an enrollment letter from the school for his/her probation officer? Yes No

Probation Officer/Social Worker's Name: _____ Phone: _____

Student Name: _____

Student ID: _____

STUDENT'S PREVIOUS EDUCATION

School District of Residence: _____ Previous School's Phone #: _____

Name of School last Attended: _____ Withdraw date from previous school: _____

Previous School's Address: _____

How long did student attend previous school district _____

What year did the student start 9th Grade: _____ Last Grade attended at previous school: _____

Has the student officially withdrawn from previous school? Yes No

Has the student dropped out? Yes – Officially Yes – Unofficially No

If the student is under the age of 18 and has officially withdrawn from school, please attach a copy of his/her Age and Schooling Certificate.

Please list any additional information that would be helpful to the school:

HOME LANGUAGE SURVEY

Is a language other than English spoken in the home? Yes No If yes, what is the other language? _____

Did the student have a first language other than English? Yes No If yes, what is the other language? _____

Does the student most frequently speak a language other than English? Yes No If yes, what is the other language? _____

Has your child been in attendance in a United States school for less than 3 full years? Yes No If yes, date entered in the United States ____/____/____

SESSION TIMES

City of Palms Charter High School, Inc. offers three academic sessions each consisting of five-hour class periods, Monday through Friday. Students are to attend ONE of the three sessions. *Please mark the 1st choice of session to attend.* **Every effort will be made to accommodate the request based upon availability.**

___ Session 1 Morning (Approximate time 7:00 A.M. – 12:00 P.M.) Regular Session

___ Session 2 Morning (Approximate time 9:30 A.M. - 2:30 P.M.) Regular Session

___ Session 3 Afternoon (Approximate time 12:00 P.M. - 5:00 P.M.) Regular Session

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Parent/Guardian and Emergency Contact Information

The following information should be completed referring to parent(s), guardian(s), grandparent(s) with whom the student resides:

Date updated: _____

Student Name:

Last First

Address:

Apt

City Zip Code

Parent Phone:() _____ Student Phone:() _____

Parent Email: _____ Student Email: _____

Parent/ Guardian(s): _____
Last First

Parent/ Guardian(s): _____
Last First

Place of employment: _____

Place of employment: _____

Employment Phone: () ---

Employment Phone: () ---

Cell Phone No.: () ---

Cell Phone No.: () ---

EMERGENCY CONTACT INFORMATION

Person(s) who will care for student in case neither parent can be reached (only the people listed may pick up your child):

Emergency Contact Name: _____ Relationship: _____

Phone (Cell): () --- Phone (Work): () ---

Emergency Contact Name: _____ Relationship: _____

Phone (Cell): () --- Phone (Work): () ---

Emergency Contact Name: _____ Relationship: _____

Phone (Cell): () --- Phone (Work): () ---

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EMERGENCY MEDICAL RELEASE FORM PART 1 OR PART 2 MUST BE COMPLETED

PART 1- Grant Permission

I hereby consent for the following medical care providers and the local hospital to be called:

Doctor: _____ Phone: (_____) _____ -- _____

Dentist: _____ Phone: (_____) _____ -- _____

Medical Specialist: _____ Phone: (_____) _____ -- _____

Local Hospital: _____ Phone: (_____) _____ -- _____

In the event reasonable attempt to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concur in the necessity for such surgery, to be obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medication being taken, and any physical impairments to which a physician should be alerted:

Parent / Guardian Signature _____ Date: ____/____/____

Part 2—Refusal to Consent

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish City of Palms Charter High School, Inc. authorities to take the following action:

Parent / Guardian Signature _____ Date: ____/____/____

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PHONE POLICY

ALL phones must be turned in to the Front Desk upon arrival.

Our goal is your student's success. Cell phones are a main source of distraction to students. Accessing music, social media, text messages and phone calls often takes priority over completing school work and can lead to negative interactions and situations. In an effort to give your, and all, students the best chance possible at success, Northern Palms requires all students to turn in their cell phones upon arrival to school. For security, phones will remain in a locked cabinet behind the Front Desk where only staff has access. Students are allowed to make and receive phone calls at the Front Desk, as needed. However, for the five hours students are present on campus, they will not have full access to their phones and will not be allowed to use them for listening to music.

Students will have the opportunity to access SoundCloud to listen to music through their computer. The school will provide one set of earbud headphones per student at the beginning of the year, or upon enrollment. Students may also provide their own headphones. Once received, it is the responsibility of the student to keep track of and/or replace headphones as needed. This is a privilege being provided to students, and can be limited or removed if misused or found to be hindering student progress.

Students who do not turn in a cell phone, and are found using it during the school day, will face the following consequences:

- **First warning:** Phone must be turned immediately and student will receive the phone back upon dismissal. Parent/guardian will be notified.
- **Second warning:** Phone must be turned in immediately and will be held until a parent/guardian can pick it up.
- **Third warning:** Student will be sent home and a parent conference will be required. During the conference the student and parent/guardian will be required to sign a Behavior Contract outlining further expectations and consequences.

If a student refuses to turn his/her phone in at any time, the student will be sent home for the day and a parent/guardian conference will be required.

Thank you for your help and support in ensuring your student's success. Please contact the school at (239)997-9987 with questions.

Sincerely,

Ms. Rohner

Ms. Rohner

Principal, Northern Palms Charter HS

X _____

PARENT/GUARDIAN SIGNATURE

STUDENT SIGNATURE

DATE

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Attendance

City of Palms Charter High School, Inc. maintains that daily school attendance is essential to the educational success of each student. Students are expected to be in school and in class on time. As per the Code of Conduct for Students, when a student accumulates an excessive number of absences (5 days in a calendar month or 10 days within 90 calendar days) this indicates a student may be exhibiting a pattern of non-attendance. A student will be considered habitually truant from school in accordance with Florida Statue 1003.01 (8). Further absences may result in:

- Driving privileges being revoked by the Florida Department of Motor Vehicle and Highway Safety (Students needing to have their driving privileges reinstated must be in attendance for at least 30 **school** days without any unexcused absences).
- Suspension of Social Security benefits. The Social Security Administration requires a Notice of Cessation of Full-Time School Attendance be completed and returned if a student stops attending school full-time (Students needing reinstatement of benefits must be in attendance for at least 30 **school** days without any unexcused absences).
- Termination of public assistance benefits for the student and/or family household (Reinstatement of benefits will be determined by agency).
- Violation of probation.

City of Palms Charter High School, Inc. believes it is NEVER TOO LATE TO GRADUATE. If **YOU** are ready to do this, **WE** are ready to help! Daily school attendance is one of the biggest factors influencing academic success.

I certify that I have received a copy of City of Palms Charter High School, Inc. attendance policy and received an adequate period of instruction concerning the reason for, and importance of, the policy.

Student Signature

Date

Parent/Legal Guardian Signature

Date

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PARENT/STUDENT CONTRACT

Student's Name: _____

Parent / Guardian's Name: _____
(If student is under 18 years of age)

**I/We have read and understand all of the information contained in the
City of Palms Charter High School, Inc. Parent/Student Handbook
And**

The School District of Lee County Parent Guide & Code of Conduct for students 2016-2017 Grades 6-12

**I/We agree to abide by and support the rules and regulations, including the
CODE OF CONDUCT AND ALL OTHER POLICIES
as outlined in the**

**City of Palms Charter High School, Inc. Parent / Student Handbook
And**

The School District of Lee County Parent Guide & Code of Conduct for students 2016-2017 Grades 6-12

Although these documents reflect the current policies of City of Palms Charter High School, Inc., it may be necessary to make changes from time to time to best serve the needs of the school and its students.

Agreed By

Student Signature

Date

I hereby state that the information provided on this document is true and current. I am the legal guardian or custodian of this student.

Parent / Guardian Signature (if student is under 18 years old) Signature

Date

**This agreement will be placed in student's file.
Not receiving this signed agreement will be cause for student dismissal
PROJECT TRANSITION LEE COUNTY**

Student Disclaimer

The District will not disclose a student and/or a parent's Social Security Number (SSN) without the consent of the student and/or parent(s) to anyone outside the District except as mandated or permitted by law. The District will utilize SSNs for the following reasons: registration/enrollment of students, identification of a cumulative record folder, to identify a student, registration for before and after school programs, participation in extracurricular activities including athletics, referrals to service providers and financial aid applications.

Parent Pledge

I know that children learn best when families and schools work together. As a parent, grandparent, or caring adult, I hereby affirm my commitment to the academic achievement and career success of my child. I promise to make the pursuit of knowledge a priority in my household. To demonstrate my commitment to the goal, I pledge to adhere to the following principles:

- € My child will read with an adult or be encouraged to read independently each day
- € My child will complete all homework assignments given by school instructors and will be encouraged to ask for help when it is needed.
- € My child will arrive for school on time, well-rested, and prepared for a full day of instruction and learning.
- € My child will treat teachers and fellow classmates with respect and compassion. I will make positive behavior the expectation in my household.
- € My child will graduate from high school and will understand the importance of a strong education in determining future success.
- € I will encourage my child to dream big and always give 100 percent effort.
- € I will treat my child's teachers as a valuable resource and work with them to support academic improvement and classroom behavior expectations.
- € I will monitor my child's academic growth and stay as involved as possible in my child's education. I will let the teacher know right away if I notice any problems.

**Together, my child and I, in partnership with Lee County educators,
Will make education our #1 priority.**

This pledge is NOT a legally binding contract, but rather an agreement between the parents/guardians who sign it and Lee County educators.

Name 1 (printed): _____

Signature 1: _____

Name 2 (printed): _____

Signature 2: _____

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Request for Records (Entering Student)

To: _____

A. You are authorized to release the following records for:

Student's Name: _____ Age: _____

DOB: _____ Date Requested: ____/____/____ ID. No. _____

B. Specific Data to be Released: (Please indicate with an X)

☒ Health Records
☒ Permanent/Cumulative Records
☒ Pupil Personnel Services/Special
☒ English Speaker Of Other Language Classification Documentation including First
Date Entered in US School)
☒ Other: IEP, MFE, OFFICIAL TRANSCRIPTS W/SEAL

C. Reason for Request: (Please indicate with an X)

☒ Enrollment
☒ To aid in present and future educational decisions
Other: _____

****The Federal Register Volume 41, No.118, Section 99.31, June 17, 1976, states:**

**PRIOR RECORDS FOR DISCLOSURE NOT REQUIRED IF THE DISCLOSURE IS TO OFFICIALS OF ANOTHER SCHOOL
SYSTEM IN WHICH THE STUDENT SEEKS OR INTENDS TO ENROLL**

Student's Signature

Date

Parent/Guardian Signature
(If student is under 18 years of age)

Date

Corrie Schneider

Enrollment Specialist

Date

IF YOU ARE UNABLE TO SEND AN OFFICIAL TRANSCRIPT DUE TO PREVIOUS OBLIGATIONS
THAT THE STUDENT MAY HAVE INCURRED, PLEASE FORWARD PROFICIENCY SCORES.

Please return requested records to address listed below Attention Mrs. Schneider:

NORTHERN PALMS CHARTER HIGH SCHOOL

13251 N. CLEVELAND AVE

N FORT MYERS FL 33903

PHONE 239-997-9987 • FAX 239-997-9981

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Permission for Release of Directory Information

Campus: City of Palms Charter High School, Inc.- Lee County

Date: _____

Directory of information consists of:

- Student's Name and Address
- Photograph
- Date of Graduation
- Awards and Honors Received
- Multi- Media Promotion Purposes
- Date of Birth
- Dates of Attendance
- Withdrawal
- Scholarships
- Participation in Official Recognized Activities and Sports

The school will make the above information available upon a legitimate request unless a parent / guardian – or adult student (18 years of age or older) – notifies the school in writing within 20 days from the date of this notification that the parent / guardian or adult student will not permit the distribution of any or all the information listed.

I, or as a parent / guardian of _____

Check one:

____ I grant permission for City of Palms Charter High School, Inc. to release Directory information to legitimate requesting persons or agencies

____ I do not grant permission for City of Palms Charter High School, Inc. to release Directory information to legitimate requesting persons or agencies

Parent / Guardian / Adult Student Signature: _____ Date: _____

Directory Information

Student Name _____ Student ID _____ Grade _____

SECTION A

Please Check One Box

(If no choice, default is: you may release information)

- € You may release "Directory Information" regarding my child in certain school publications and to companies with legitimate school district business; such as yearbook publications, school pictures, class rings and news media announcements, etc.; as described on the previous page. The District does not give Directory Information to any business except those that take school pictures, publish yearbooks, or engage in direct student-related business or media announcements with the school and/or District. Permission is also given for my child to take part in anonymous surveys involving the use of tobacco, alcohol, and other drugs.
- € I do not want my child's "Directory Information" released
-

SECTION B

Please Check the Boxes that Apply

- € I do not want my high school child's name, address and telephone number released to military recruiters.
- € I do not want my high school child's name, address and telephone number released to institutions of higher learning.
-

SECTION C

Student

I certify that I have reviewed a copy of the *Code of Conduct for Students Grades 6 – 12* and received an adequate period of instruction concerning the reason for, and importance of, the document

Student Signature

Date

Parent

I am the parent/legal guardian of the above named student. I have had an opportunity to the *Code of Conduct for Students Grades 6 – 12* available online at leeschools.net or on the *Lee Schools Branded App* and have discussed it with my child. My intention regarding the release of my child's "Directory Information" is indicated above.

Parent/Legal Guardian Signature

Date

Please indicate which statement applies to your home:

- € **My student has access to internet in the home.**
- € **My student does not have access to internet in the home.**
- € I DO NOT have access to the internet; Please provide me with a hard copy of the *Code of Conduct for Students* in the following language: € **English** € **Spanish** € **Creole**

SOCIAL SECURITY CARD DISCLAIMER

Student Disclaimer

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General Disclaimer

The School District of Lee County is committed to protecting the privacy of students and employees as well as other individuals associated with the District. At times the District may ask you for your Social Security number. Federal and state law requires the collection of your Social Security number for certain purposes such as those related to employment, contracted services and financial aid. The District is working to minimize the use of Social Security numbers within its business processes. The Social Security number will not be disclosed to individuals or agencies outside the District except as allowed by law or with permission from the individual.

DESCARGO DE RESPONSABILIDAD RESPECTO AL NÚMERO DE SEGURO SOCIAL DEL ESTUDIANTE (SIGLAS EN INGLÉS SSN).

Renuncia del Estudiante

El Distrito no divulgará el número de Seguro Social (siglas en inglés SSN) del estudiante y/o del padre/madre sin el consentimiento del estudiante y/o del padre/madre a nadie fuera del Distrito excepto como lo exige o permite la ley. El Distrito utilizará el SSN por las siguientes razones: El registro / matrícula de estudiantes, la identificación de un archivo acumulativo, para identificar a un estudiante, el registro en programas antes y después de la escuela, la participación en actividades extracurriculares incluyendo actividades atléticas, ser remitido a proveedores de servicios y solicitudes de ayuda financiera.

Renuncia General

El Distrito Escolar del Condado de Lee está comprometido a la protección de la privacidad de los estudiantes y los empleados y a otros individuos asociados con el Distrito. En ocasiones el Distrito le podrá pedir a usted su número de Seguro Social. La ley federal y estatal requiere la colección de su número de Seguridad Social para ciertos propósitos como esos relativos al empleo, servicios contratados, y ayuda financiera. El Distrito está trabajando para el uso mínimo de los números de la Seguro Social dentro de sus procesos comerciales. El número de Seguro Social no se le divulgará a individuos o agencias fuera del Distrito excepto como lo permite la ley o con el permiso del individuo.

AVI KONSÈNAN NIMEWO SEKIRITE SOSYAL

Avi konsènan elèv

Distri a pa p divilge bay pyès moun andeyò distri a nimewo sekirite sosyal (SSN) yon elèv e/ou yon paran san li pa gen dizon elèv e/ou paran an, sòf sizoka li mandate dapre lalwa a. Distri a gendwa sèvi ak nimewo sekirite sosyal la pou rezon swivan: pou enskripsyon elèv yo, pou idantifye yon dosye kimilatif, pou idantifye yon elèv, pou enskripsyon nan pwogram anvan e apre lekòl, pou patisipe nan pwogram paraskolè e espòtif, pou rekòmande elèv yo pou lòt sèvis, epi pou aplikasyon pou èd finansye.

Avi jeneral

Distri eskolè nan konte Lee angaje tèt li nan pwoteje lavi prive elèv, anplwaye ak lòt moun ki asosye ak distri a. Gen dèfw distri a gendwa mande nimewo sekirite sosyal ou. Lalwa federal ak leta egziye nou pran nimewo sekirite sosyal la pou fen anplwa, sèvis sou kontra ak èd finansye. Distri a travay pou minimize itilizasyon nimewo sekirite sosyal yo nan pwosedi biznis li yo. Distri a pa p divilge bay pyès moun ni ajans andeyò distri a nimewo sekirite sosyal yon moun san li pa gen dizon moun nan, sòf sizoka li mandate dapre lalwa a.

Initial here: _____

Instructions to complete application

Sources of Income for Children: *Example(s)*

- Earnings from work:** *A child has a regular full or part-time job where they earn a salary or wages*
- Social Security:** *A child is blind or disabled and receives Social Security benefits*
- Disability & Survivor's Benefits:** *A Parent is disabled, retired, or deceased, and their child receives Social Security benefits*
- Income from person outside household:** *A friend or extended family member regularly gives a child spending money*
- 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

- Salary, wages, cash bonuses
- Net income from self-employment (farm or business)
 - If you are in the U.S. Military:
 - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) Allowances for off-base housing, food and clothing

Public Assistance / Alimony / Child Support

- 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

Pensions / Retirement / All Other Income

- 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

OPTIONAL: Children's Racial Ethnic Identities

Race (check one or more):

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latin ☐ American Indian or Alaskan Native ☐ Asian
☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

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 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.

City of Palms Charter High School Inc.

Student name: ID:

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

We DO NOT Provide school meals. The completion of this form assists us for qualifying for the meal plan and special funding.

PART 1: Benefits: If any member of your household receives SNAP, FDPIR, or TANF benefits provide current case number. CASE NUMBER: Skip Part (2, 3, 5)

PART 2: Homeless, Migrant, Runaway: If you believe the child for whom you are applying is homeless write (H), Migrant write (M), or runaway write (R), call 239-337-8696 for homeless or 239-337-8354 for migrant

Part 3: Foster Child If this application is for a child who is the legal responsibility of a welfare agency or court, check here and list the amount of the child's personal use monthly income \$ Check If there is no income Skip to part (5)

PART 4. ALL STUDENTS IN HOUSEHOLD (USE A SEPARATE APPLICATION FOR EACH FOSTER CHILD)

Names of household members (Last Name, First Name)	School Name for each child	Grade	Foster	Income	How Often? W, 2W, M, 2M, A	CHECK IF NO INCOME

PART 5. TOTAL HOUSEHOLD GROSS INCOME (Before deductions). List all income on the same line as the person who receives it and indicate how often it is received.

1. LAST NAME, FIRST NAME (List all household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
	Earnings From Work before deductions	Welfare, Child Support, Alimony	Pension, Retirement, Social Security (SSI), VA Benefits	All Other Income Benefits (Such as Unemployment)
(Example) Smith, Jane	\$ 199.99 / weekly/ 2x week/ 2x Month / Monthly	149.99 / weekly/ 2x week/ 2x Month / Monthly	99.99 / weekly/ 2x week/ 2x Month / Monthly	149.99 / weekly/ 2x week/ 2x Month / Monthly
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /

PART 6. HEAD OF HOUSEHOLD SIGNATURE AND SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. If Part 5 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand the school will get federal funds based on the information I give. I understand that school official may verify (check) the information. I understand that if I purposely give false information, my child may lose meal benefits, and I may be prosecuted. I understand my child's eligibility status may be shared as allowed by law.

Street Address City State Zip Code Phone Number

Signature: Printed Name: Date:

Household Size: Last four digits of Social Security Number: ***-**- I do not have a Social Security Number

FOR SCHOOL USE ONLY

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Household Size: Per: Monthly Week Every 2 Weeks Twice A Month Year Total income:

Category Eligibility Code: Eligibility: FREE REDUCED DENIED Date Withdrawn: