

WEST SONOMA COUNTY HIGH SCHOOL DISTRICT STUDENT REGISTRATION

GRADE

Student Last Name:

<input type="checkbox"/> ANALY	<input type="checkbox"/> EL MOLINO	<input type="checkbox"/> LAGUNA	<input type="checkbox"/> NUEVO LEON	<input type="checkbox"/> COMMUNITY DAY
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▶ Has your student attended school in this district before? Yes No School Attended _____

PLEASE PRINT – STUDENT’S LEGAL NAME

Legal Last Name	Legal First Name	Legal Middle Name	Other Legal Name (if applicable)
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<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth date:				Home phone #: ()
		Month	Day	Year		

Parent/Guardian First Name	Last Name	Cell Phone	Work Phone
		()	()

Parent/Guardian First Name	Last Name	Cell Phone	Work Phone
		()	()

Mailing Address	Apt#	City	State	Zip

Residence Address (house # & street name) (IF DIFFERENT)	Apt #	City	State	Zip
(P.O Box or house # & street name)				

First Name:

WHAT IS YOUR CHILD’S ETHNICITY? (Please check one): Hispanic or Latino Not Hispanic or Latino

WHAT IS YOUR CHILD’S RACE? (Please check up to five racial categories)
The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

<input type="checkbox"/> American Indian or Alaskan Native(100)	<input type="checkbox"/> Laotian (206)	<input type="checkbox"/> Samoan (303)
<input type="checkbox"/> Chinese (201)	<input type="checkbox"/> Cambodian (207)	<input type="checkbox"/> Tahitian (304)
<input type="checkbox"/> Japanese (202)	<input type="checkbox"/> Hmong (208)	<input type="checkbox"/> Other Pacific Islander (399)
<input type="checkbox"/> Korean (203)	<input type="checkbox"/> Other Asian (299)	<input type="checkbox"/> Filipino/Filipino American (400)
<input type="checkbox"/> Vietnamese (204)	<input type="checkbox"/> Hawaiian (301)	<input type="checkbox"/> African American or Black (600)
<input type="checkbox"/> Asian Indian (205)	<input type="checkbox"/> Guamanian (302)	<input type="checkbox"/> White (700)

PARENT EDUCATION – Check the response that describes the education level of the most educated parent.

Graduate Degree or Higher (10)
 College Graduate (11)
 Some College or Associate’s Degree (12)
 High School Graduate (13)
 Not a High School Graduate (14)

Date first attended school in the U.S.		
Month	Day	Year
Date first attended school in California		
Month	Day	Year

Permanent ID:

BIRTHPLACE: City: _____ State: _____ Country: _____

U.S. Citizen: Yes No

Student Last Name: _____

First Name: _____

Permanent ID: _____

HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line:

1. What language/dialect does your son/daughter most frequently use at home? _____
2. Which language/dialect did your son/daughter learn when he/she first began to talk? _____
3. What language/dialect do you most frequently speak to your child? _____
4. Has your child ever been given the CELDT Test (Calif English Language Development Test)? Yes No I don't know

In which language do you wish to receive written communications from the school? English Spanish

Residence – where is your child/family currently living? (federally mandated by NCLB) – Please check appropriate box:

- In a single family permanent residence (house, apartment, condo, mobile home) In a motel/hotel (09)
- Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (11) Unsheltered (car/campsite) (12)
- In a shelter or transitional housing program (10) Other (15) (please specify) _____

Parent/Guardianship Information (with whom the student lives) – check all that apply

- Father Mother Both Step-Father Step-Mother Guardian Foster/Group Home Other _____
- Is the above (checked) person (s) the student's LEGAL guardian? Yes No If No, please complete a "Caregiver Affidavit"
 If there is a legal custody agreement regarding this student, please check one: Joint Custody Sole Custody Guardian

PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:

1. Father Step Father/Guardian (check one) Full Name: _____
 Employer: _____ City: _____ Daytime Phone # (____) _____
2. Mother Step Mother/Guardian (check one) Full Name: _____
 Employer: _____ City: _____ Daytime Phone # (____) _____

DUPLICATE MAILING – If divorced/separated & joint custody allows duplicate mailing/information to be given to other parent, Please include their name, address, and phone number:

Full Name: _____ Phone #: (____) _____
 Mailing Address: _____ City: _____ State: _____ Zip code: _____

MOST RECENT SCHOOL ATTENDED:

School	Address/City/State/Zip	Grade(s)	Date(s)

- Are there psychological or confidential reports available from your child's former school? Yes No
 Has your child been suspended? Yes No Has your child ever been expelled? Yes No
 What special services has your child received? (please check all boxes that apply)
 Special Education: Resource (RSP) Special Day Class (SDC) Speech/Language 504
 Other: Gifted (GATE) Remedial Math Remedial Reading Counseling English Language Development
 Help to Improve Attendance/ Behavior Other (Specify) _____

Signature of Parent/Guardian: _____ Date: _____

BELOW FOR SCHOOL USE ONLY

Proof of Birth: Type: _____ Verified by: _____	Proof of Residence: Type: _____ Verified by: _____	Proof of Immunization: Type: _____ Verified by: _____	Comp Entry :	Enroll Date:	Record Request: :	Permanent ID:
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West Sonoma County Union High School District
2011-2012 SCHOOL YEAR CALENDAR

Board Approved: March 9, 2011

Month Year	S	M	T	W	T	F	S	Quarter-Semester/Holidays/ Staff Development	Days of Instr.	Cert. Emp. Workdays	School Year Emp. Workdays	Class. Emp. Workdays	Class. Paid Holidays
JULY 2010	3	(4)	5	6	7	8	9	July 4 Independence Day Holiday	0	0	0	20	1
	10	11	12	13	14	15	16						
	17	18	19	20	21	22	23						
	24	25	26	27	28	29	30						
	31												
AUG	7	8	9	10	11	12	13	Aug. 16 Staff Development Aug. 17 First day of School	11	12	12	23	0
	14	15	*16*	17	18	19	20						
	21	22	23	24	25	26	27						
	28	29	30	31									
SEPT	4	(5)	6	7	8	9	10	Sept. 5 Labor Day Holiday	21	21	21	21	1
	11	12	13	14	15	16	17						
	18	19	20	21	22	23	24						
	25	26	27	28	29	30							
OCT	2	3	4	5	6	7	8	Oct. 10 School Closure* Non-paid for classified	20	20	20	20	0
	9	[10]	11	12	13	14	15	Oct. 14 End 1 st Qtr. (41days)					
	16	17	18	19	20	21	22	Oct. 24 Athletic/Extra-Curr. Eligibility Date					
	23	24	25	26	27	28	29						
	30	31											
NOV	6	7	8	9	10	(11)	12	Nov. 11 Veterans' Day	18	18	18	18	4
	13	14	15	16	17	18	19	Nov. 23 Local Holiday					
	20	21	22	[23]	(24)	[25]	26	Nov. 24 Thanksgiving Day					
	27	28	29	30				Nov. 25 Local Holiday					
DEC	4	5	6	7	8	9	10	Dec. 21 End 1 st Sem. (85 days)	15	15	15	19	3
	11	12	13	14	15	16	17	Dec. 25 Christmas Day					
	18	19	20	21	22	23	24	Dec. 23 & 26 Local Holiday					
	25	26	27	28	29	30	31	Dec. 30 Local Holiday					
								Dec. 22- Jan. 6 Winter Break					
JAN 2012	1	2	3	4	5	6	7	Jan. 1 New Year's Day	16	16	16	20	2
	8	9	10	11	12	13	14	Jan. 2 Local Holiday					
	15	(16)	17	18	19	20	21	Jan. 16 Athletic/Extra Curr. Eligibility Date					
	22	23	24	25	26	27	28	Jan. 16 Martin Luther King Day					
	29	30	31										
FEB	5	6	7	8	9	10	11	Feb. 16 School Closure* Non paid for classified	18	18	18	18	2
	12	13	14	15	(16)	(17)	18	Feb. 17 Lincoln's Day Observed					
	19	(20)	21	22	23	24	25	Feb. 20 Presidents Day Observed					
	26	27	28	29									
MAR	4	5	6	7	8	9	10	Mar. 15 End 3 rd Qtr (45 days)	16	16	16	22	0
	11	12	13	14	15	(16)	17	Mar. 16 School Closure* Non paid for classified					
	18	19	20	21	22	23	24	Mar. 19-23 Spring Break					
	25	26	27	28	29	30	31						
APR	1	2	3	4	5	[6]	7	April 2 Athletic/Extra Curr. Eligibility Date	19	19	19	20	0
	(8)	(9)	10	11	12	13	14	April 6 Local Holidays Non paid for classified					
	15	16	17	18	19	20	21	April 8 Easter Sunday					
	22	23	24	25	26	27	28	April 9 School Closure* Non paid for classified					
	29	30											
MAY	6	7	8	9	10	11	12	May 28 Memorial Day	22	22	22	22	1
	13	14	15	16	17	18	19	May 31 Last Day of School					
	20	21	22	23	24	25	26	May 31 End 2 nd Sem. (91 days)					
	27	(28)	29	30	31								
JUNE	3	4	5	6	7	8	9	June 11 Athletic/Extra Curr. Eligibility Date	0	0	0	21	0
	10	11	12	13	14	15	16						
	17	18	19	20	21	22	23						
	24	25	26	27	28	29	30						
									176	177	177	244	14

GRADUATION: May 31, 2012 Laguna 10:00 a.m., El Molino 6:30 p.m., Analy 5:30 p.m.

() = Legal Holiday [] = Local Holiday { } = School Closure * = Staff Development

District office closed on Holidays specified above. School Offices closed Holidays, Summer, Winter and Spring Breaks.

*School closure dates due to state revenue reduction caused by state budget crisis

**West Sonoma County Union High School District
Emergency Medical Instruction Form**

Student Name: _____ **Date of Birth:** _____
Address: _____ **Phone:** _____
City: _____ **Zip:** _____ **Year Graduating:** _____

In case of illness or emergency to the above named student, the following persons are to be contacted and are authorized to release him/her. Please number each person 1,2,3,4 etc. in order of contact.

() **Contact Mother at:** Name: _____ Phone: _____
Address: _____
Work Phone: _____ Cell Phone: _____
Email address: _____

() **Contact Father at:** Name: _____ Phone: _____
Address: _____
Work Phone: _____ Cell Phone: _____
Email address: _____

() **Contact:** Name: _____ Phone: _____
Specify Relationship _____ City: _____
Work Phone: _____ Cell Phone: _____
Email address: _____

() **Contact:** Name: _____ Phone: _____
Specify Relationship _____ City: _____
Work Phone: _____ Cell Phone: _____
Email address: _____

() **Contact:** Name: _____ Phone: _____
Specify Relationship _____ City: _____
Work Phone: _____ Cell Phone: _____
Email address: _____

Physician: Name: _____ Phone: _____

Dentist: Name: _____ Phone: _____

Please list any food/medication allergies: _____

Please list any chronic health concerns (asthma, diabetes, etc.) _____

Please list any medications taken on a regular or as needed basis (include inhalers, prescriptions, and over the counter medication) and how often used: _____

I request that my child receives first aid services whenever such services are deemed necessary. I authorize that my child be attended by a licensed physician and/or taken to the nearest hospital in the event that his/her condition deems necessary. I will accept the judgment of the person in charge. This is effective until written notice of cancellation is given by me.

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

In the event of a life threatening allergic reaction, I authorize school personnel to administer emergency treatment (EPI-PEN, epinephrine) to my child.

Signature of Parent/Guardian: _____

Note: ALL medications, including over the counter, that is brought to school **MUST** be in its original container labeled with the student's name. The student **MUST** have a signed form from the doctor *and* parent on file in the Health Office. The medication may be carried with the student—with written permission- or kept in a locked cabinet in the Health Office. Please contact the Health Technician with any questions (707) 824-6513

West Sonoma County Union High School District
Forma De Instrucciones Médicas Para Una Emergencia

Nombre del estudiante: _____ **Fecha de nacimiento:** _____
Domicilio: _____ **Tel:** _____
Ciudad: _____ **Código postal:** _____ **Clase del:** _____

En caso de una enfermedad o emergencia del estudiante mencionado arriba, comunicarse con las siguientes personas que tienen la autorización para dejarlo/a salir. Por favor numerar 1,2,3,4, etc. en el orden que quieran que se comuniquen con ellos.

() **Comunicarse con la madre:** Nombre: _____ Tel: _____
Domicilio de casa: _____
Tel. de Trabajo: _____ Celular: _____
Email: _____

() **Comunicarse con el padre:** Nombre: _____ Tel: _____
Domicilio de casa: _____
Tel. de Trabajo: _____ Celular: _____
Email: _____

() **Comunicarse con el familiar:** Nombre: _____ Tel: _____
Domicilio de casa: _____
Tel. de Trabajo: _____ Celular: _____
Email: _____

() **Comunicarse con otros:** Nombre: _____ Tel: _____
Domicilio de casa: _____
Tel. de Trabajo: _____ Celular: _____
Email: _____

() **Comunicarse con otros:** Nombre: _____ Tel: _____
Domicilio de casa: _____
Tel. de Trabajo: _____ Celular: _____
Email: _____

Médico: Nombre: _____ Tel: _____

Dentista: Nombre: _____ Tel: _____

Por favor indicar si tiene alergias a alimentos o medicina: _____

Por favor indicar si tiene preocupaciones crónicas de salud: (asthma, diabetes, etc.) _____

Por favor enumerar cualquier medicina que el alumno tome con regularidad (incluirl inhalador y medicamentos farmacéuticos que tome conforme los necesite): _____

Yo pido que mi hijo/a reciba los servicios de primeros auxilios cuando lo estimen necesario. Yo doy la autorización para que mi hijo/a sea atendido por un médico titulado y/o que lo lleven al hospital más cercano en caso de que sus condiciones lo estimen necesario. Este permiso es efectivo hasta que una nota de cancelación sea entregada.

Firma del Padre/Madre o Tutor: _____ **Fecha:** _____

En caso de un evento de una reacción alérgica que amenace su vida, yo autorizo al personal entrenado de la escuela a que administren a mi hijo/a el tratamiento de emergencia de (EPI-PEN)

Firma del Padre/Madre o Tutor: _____

Nota: Todos los medicamentos, incluidos los de venta libre, que es traída a la escuela debe estar en su envase original con el nombre del estudiante. El alumno debe tener una forma firmada por el médico y los padres en los archivos de la Oficina de Salud. El medicamento también puede ser realizado con el alumno-con el permiso por escrito o guardarse en un armario cerrado con llave en la Oficina de Salud. Póngase en contacto con el técnico de salud con cualquier pregunta (707) 824-6513.

**LAGUNA HIGH SCHOOL
STUDENT BEHAVIORAL EXPECTATIONS**

1. **Arrival at School:**
 - A. Please arrange to be dropped off on Taft Street in front of school. Once you arrive near school you are to go directly to campus. If you arrive by bus, go straight to the campus. Enter and exit only on Taft Street, and not through the District Office.
 - B. If you choose to bring a car, please arrange to park on Taft Street, Johnson Street, or by the police station.

2. **Tardy Policy:** Timeliness is important in school and in society. School starts at 7:45 AM (tardy bell 7:50 AM) for all students. Excessive tardies will result in disciplinary action and/or loss of credit.

3. **Non-Productive Days ("NP"):** Students are expected to be productive in class. Students who are non-productive will receive an NP and deny themselves credit for that period. Some examples of non-production in a class are: student putting his/her head down on the desk or sleeping in class; student not being on task to the satisfaction of the teacher; or disruptive behavior that takes other students off assigned tasks. It is not enough to just "show up."
 - A. A student who obtains two NP's in a class will receive a warning referral.
 - B. If a student receives additional NP's, disciplinary action could be taken, including dropping of classes.

5. **Disciplinary action will be taken on the following issues:**
 - A. Disrespectful behavior (to students or staff)
 - B. Participation in disruptive behavior
 - C. Verbal Attacks/Harassment/Degrading another person
 - D. Profanity, drug, alcohol or sex talk
 - E. Violence or possession of a weapon
 - F. Graffiti of any type in the classroom or on school grounds
 - G. Under influence of, or in possession of drugs, drug paraphernalia, or alcohol
 - H. Exhibiting gang, prejudicial, or hateful behaviors by showing colors, using inappropriate drawings, or signings.
 - I. Computer tampering and/or inappropriate internet exploration

- NOTE:** Repeat violations could result in a schedule reduction, suspension or expulsion.

6. **Weapons:** Knives, guns, pipes, etc. are not permitted anywhere on or near schools. Any item of clothing that is a potential weapon is not permitted. (i.e. chains, stud bracelets, etc.)

7. **Smoking/Tobacco:** Possession of tobacco on the school campus is prohibited by state law. Smoking or chewing tobacco is not permitted within 1000 feet of *any* school district property.

8. **Food and Beverages on Campus:**
 - A. Eating and drinking in classrooms is not allowed, unless by teacher permission.
 - B. During brunch, please purchase only what you can comfortably eat in the time allotted.
 - C. Do not order items for which you do not have money.

9. **Littering:** This is our campus. Please keep it clean and litter free. Recycle cans and bottles.

10. **Loitering:** Once your school day ends, you are not to loiter near *any* school. School hours are between 7:30 AM and 4:00 PM. Trespassing on School District Office or on Analy or El Molino campuses could revoke any request to return to either school for one additional semester and/or could result in an arrest. The staff parking lot is off-limits.
11. **School Phone Use:** The telephone is available for **emergency calls only**; before school; at break; and after school (**not** during class or passing time.) Cell phones can be used only during brunch time. Power to phones must be **OFF**, including the vibrator.
12. **No Electronic Devices:** No electronic devices are permitted out in class. (This includes games, ipods, mp3 players, etc.) Cell phones may be on and used only during break.
13. **Profanity:** Profanity (swearing, vulgarities) will not be acceptable in any form, either in class or around the campus.
14. **Bathroom Use:** Use the bathroom between classes, before or after school or brunch, but not during Sustained Silent Reading. Teachers may give bathroom breaks at their discretion. Absence from class to use the bathroom in excess of **five** minutes will be treated as a tardy.
15. **Respectful Behavior:** Respectful behavior is expected at **ALL** times. Laguna students are known for their courteous and respectful behavior toward guests.
16. **Dress Code:** Attire must be appropriate for school. Footwear must be worn at all times. The dress code prohibits students from wearing any items that "compromise safety or modesty" or include language or symbols involving violence, sex, drugs, alcohol, tobacco, or that include signs, symbols or words degrading any gender, cultural, religious, or ethnic values. If your clothing is judged to be disruptive or cause a distraction to the teaching/learning process, you will be referred to the school administration.
17. **Attendance:** Poor attendance could result in a referral to the County District Attorney's Office and could result in one or more of the following: transfer to County Community School; loss of driving privilege; fine. Students 18 years or older could lose the privilege of attending Laguna.
18. **Behavior Between Home and School:** All school rules apply to behavior between school and home and home and school.

Note: These rules apply during transportation to and from school and while attending school or school activities.

I have read the above listed topics and understand thoroughly these statements and expectations. I will not violate school, district, state or federal expectations. My signature on this document is confirmation of my complete understanding of what has been presented and I agree to abide by these expectations.

Student Name (Please print)

Signature

Date

West Sonoma County Schools
Health Services

Health Update

Date _____

Birth Date _____

Student's name _____

Has your child had a major illness or been hospitalized since he/she first enrolled in school ? _____

Does your child have any chronic or recurrent health condition? (Asthma, epilepsy, diabetes, heart problem, insect sting sensitivity, depression, mental health problems, other.) _____

Does your child take medication? Regularly or periodically?

List medications - - dosage and how often given. _____

List medications taken previously - - Give approximate dates taken. _____

Has your child had any changes in his/her behavior? _____

Are there any other concerns or changes of which you feel the school needs to be aware? _____

Has your child received any immunizations since Kindergarten entrance? If so please bring in a copy of the medical documentation of the immunizations.

We appreciate your time in sharing your child's health history with us.
This information will be kept confidential. If you have any questions or concerns please feel free to call your school nurse.

Signature _____, Relationship _____ Date _____

LAGUNA HIGH SCHOOL

PARENTAL PERMISSION FOR TESTING

In order to offer your child the best educational options, we are requesting permission to test each student using the Woodcock-Johnson Tests of Academic Achievement (WJTAA), Kaufman Test of Educational Achievement (KTEA), the Tests of Adult Basic Education (TABE) and STAR Reading Test. These tests assess the academic skill levels of students and are an aid in helping us provide students with appropriate classes and materials. Although all students will not be tested, we request your permission in the event it seems appropriate to test your child.

I give permission to the staff at Laguna High to test _____
(Student name)
using the WJTAA, the KTEA and/or the TABE. I understand that results will be made available upon request.

(Parent/Guardian signature)

Date _____

TO BE RETURNED

Administrative Regulation 6163

Acceptable Use Agreement for Student Use of Technology

For Students:

This agreement is provided so that you are aware of the responsibilities that you are about to accept. The use of the Internet and other information technology is a privilege, not a right, and inappropriate use can result in revocation of this privilege. If a district user violates any of these provisions, the district reserves the right to discipline the user including the suspension, limitation, or denial of future access. In addition, the user will be held financially responsible for any damages resulting from misuse of the system.

This agreement applies specifically to the requirements of Board Policy 6163 and Administrative Regulations 6163. A signature at the end of this agreement is binding, and indicates that the party who signs it has carefully read and understood the significance of this agreement's terms and conditions. No user has permission to access the Internet or use school district computers without this signed and dated agreement on file with the school and/or district.

I understand and will abide by the above Acceptable Use Agreement for Student Use of Technology. I further understand that any violation of the regulation is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school/district disciplinary action including suspension or expulsion and/or appropriate legal action may be taken.

Student Signature _____ Grade _____ Date: _____

For Parents:

As the parent/guardian of this student, I have read this agreement. I understand that this access is designed for educational purposes only. I recognize that the district has taken reasonable precautions to limit access to harmful material or material that is not approved for use within the public school system. I also recognize it is impossible for the district to restrict access to all harmful or unapproved materials and will not hold the district responsible for such materials acquired by my child using district resources. Further, I accept full responsibility for any such materials acquired by my child.

Print Parent or Guardian Name _____ Date: _____

Signature of Parent or Guardian _____ Date: _____

WEST SONOMA COUNTY UHSD
Sebastopol, California

LAGUNA HIGH SCHOOL

Dear Parents and Guardians:

In recent years, the term *Health* has acquired a much greater significance. It no longer means simply an absence of sickness, but refers to well-being of the body, of the mind, and of relationships among people.

Every day, students are confronted with important decisions about how to maintain wellness. They need to be well informed so they may make responsible decisions. To achieve this goal, we will be teaching and reinforcing the life skills students need to weigh options and to make responsible decisions which promote a healthy lifestyle.

Family involvement is a vital part of this health education process. While studying health, your son or daughter may come to you with questions or seek your help with projects. These are opportunities for you to share in your student's growth and development at a critical time in his or her life. With your support, students can make the right choices to prepare for a healthy future.

From time to time, certain sensitive topics are addressed in high school classes. These include sex education, venereal diseases and AIDS, among others. Under the laws of the State of California, you have certain rights with respect to instruction in these areas. First, you may request that your student not attend the class sessions in which these topics are discussed. Secondly, you have the right to review books, materials, films, etc. before these sensitive issues are presented to the students.

If you would like to take advantage of your rights outlined above, please notify me and we will make the necessary arrangements. We also know that some students may find sex-related or other sensitive topics offensive. These students may request to transfer to another class during the time of the discussion. If you have any questions regarding this letter, please feel free to contact me.

Sincerely,

Brenda Hoff
Principal

Please check one of the appropriate statements below:

I DO want my student to participate in sensitive issues.

I DO NOT want my student to participate in sensitive issues.

I would like my student to participate in all but the following:

Student Name

Parent or Guardian Signature

Date

TO BE RETURNED

LETTER TO HOUSEHOLDS ABOUT THE NATIONAL SCHOOL LUNCH PROGRAM AND SCHOOL BREAKFAST PROGRAM FOR 2011-2012 SCHOOL YEAR

Dear Parent or Guardian:

West Sonoma County Union High School District takes part in the National School Lunch and School Breakfast Programs. Meals are served every school day at all three schools – Analy, El Molino and Laguna High Schools.

NEW FOR THE 2011-12 SCHOOL YEAR: The price for meals has increased, and there is a charge for reduced price meals.

- Students may buy lunch for \$3.00, and/or breakfast for \$1.75.
- Eligible students may qualify for free meals or reduced price meals.
- Reduced price is 40¢ for lunch and 30¢ for breakfast.
- Milk is included with lunch and breakfast meals, or students may buy milk for 50¢.

This district participates in **Direct Certification**, which automatically certifies your child to receive free meals if you now receive Food Stamp, California Work Opportunity and Responsibility to Kids (CalWORKs), Kinship Guardianship Assistance Payments (Kin-GAP), or Food Distribution Program on Indian Reservations (FDPIR) benefits. (For more information see "HOW TO APPLY – FOOD STAMP, CalWORKs ...below")

Foster Care Children: Foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. When completing a meal application, foster children can be listed as a household member along with non-foster children. The foster child listed on the meal application is automatically certified for free meals. Eligibility is made for the remainder of the household children based on the household's income. (For more information see "HOW TO APPLY – FOSTER CARE CHILDREN ..." below)

Income Households: If you do not receive benefits automatically qualifying your child for free meals, you may apply for free/reduced-price meals for your children. If your total **household** income is the same or less than the amounts on the income scale below, your child may receive meals free or at a reduced price. "Household" means a group of related or non-related individuals who are living as one economic unit and sharing **living expenses**. Living expenses include rent, clothes, food, doctor bills, and utility bills.

HOW TO APPLY

Complete and sign the attached **Application for Free and Reduced-Price Meals**, and return it to the school as soon as possible. The application cannot be approved and may be returned if it contains incomplete eligibility information.

NEW FOR THE 2011-12 SCHOOL YEAR: Apply online. **Online Applications Available Aug. 1, 2011 at www.schoollunchapp.com.**

The online process is SAFE, SECURE and PRIVATE! Online applications will be accepted starting August 1, 2011.

FOOD STAMP, CalWORKs, Kin-GAP, and FDPIR HOUSEHOLDS

- If you now receive Food Stamp, CalWORKs, Kin-GAP, or FDPIR benefits for your child(ren), and you have received a letter from this school district confirming that your child is automatically certified and is eligible for free meals, you do not need to complete a meal application.
- If you have **not** received a confirmation letter from this district, complete the attached **Application for Free and Reduced-Price Meals**. In **Section A**, list each child's name and your Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number. Once you have completed **Section A**, skip to **Section C**, sign this form and return it to the school. **AN ADULT HOUSEHOLD MEMBER MUST SIGN THE APPLICATION.**

FOSTER CARE CHILDREN or CHILDREN PLACED IN OUT-OF-HOME CARE

A foster child is a child who is the legal responsibility of the welfare agency or is a ward of the court.

- **If all children on this application are foster children:** In **Section A** write the name of the child and the specific school the child attends. Write YES in the Foster Child Box. Once you have completed **Section A**, skip to **Section C**, sign this form and return it to the school. **THE FOSTER PARENT OR AGENCY OFFICIAL MUST SIGN THE APPLICATION.**
- **If you are including foster child(ren) on your household application:** Complete Sections A, B and C as described on the next page in "ALL OTHER INCOME HOUSEHOLDS..." In **Section A**, be sure to indicate which children are foster children. In **Section B**, report any personal income received by the foster child. Personal-use income for a foster child is (a) money given by the welfare office identified by category for the child's personal use, such as clothing, school fees, and allowances; and (b) all other money the child receives, such as money from family and earnings from full-time or regular part-time employment. Foster payments received by the family from the placing agency are **not** considered income and do not need to be reported. In **Section C**, include the foster child(ren) in the total number of persons in the household. **AN ADULT HOUSEHOLD MEMBER MUST SIGN THE APPLICATION.**

ALL OTHER INCOME HOUSEHOLDS (wages, salary, pensions, etc.)

If you do **not** enter a Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number for **ANY** student listed on the application, you must enter:

- **Section A:** The names of all school-age children in your household and the school(s) they attend, and the names of all other children in your household who do not attend school
- **Section B:** The names of all adults and other household members, the amount each person received last month, and the source of income. Children receiving income should be entered also.
- **Section C:** The last four digits of the Social Security number of the adult household member who signs the application or indicate "none" if the adult does not have a Social Security number. Enter the total number of persons in the household. **AN ADULT HOUSEHOLD MEMBER MUST SIGN THE APPLICATION.**

An application must be completed, with all household members and incomes listed, for a child who is living with relatives or friends, whether or not the child is a ward of the court.

○ **West Sonoma County Union High School District / Food Services**

2011-2012SY

CURRENT INCOME : The amount of income each household member received last month, before taxes or anything else is taken out, and where it came from, such as earnings, welfare, pensions, and other income. If any amount last month was more or less than usual, write the usual monthly income or project the annual income. To calculate monthly income: Weekly x 4.33; every two weeks x 2.15; twice a month x 2.

INCOME ELIGIBILITY GUIDELINES

July 1, 2011-June 30, 2012

Household Size	Year	Month	Twice Per Month	Every Two Weeks	Week
1*	\$ 20,147	\$ 1,679	\$ 840	\$ 775	\$ 388
2	27,214	2,268	1,134	1,047	524
3	34,281	2,857	1,429	1,319	660
4	41,348	3,446	1,723	1,591	796
5	48,415	4,035	2,018	1,863	932
6	55,482	4,624	2,312	2,134	1,067
7	62,549	5,213	2,607	2,406	1,203
8	69,616	5,802	2,901	2,678	1,339
For each additional family member, add:					
	\$ 7,067	\$ 589	\$ 295	\$ 272	\$ 136

INCOME TO REPORT

EARNINGS FROM WORK	WELFARE CHILD SUPPORT ALIMONY	PENSIONS RETIREMENT SOCIAL SECURITY	OTHER INCOME
Wages, salaries and tips, strike benefits, unemployment compensation, workers' compensation, net income from self-owned business or farm	Public assistance payments, welfare payments, alimony, and child support payments	Pensions, supplemental security income, retirement payments, Social Security Income (SSI) (including SSI a child receives)	Disability benefits; cash withdrawn from savings; interest and dividends; income from estates, trusts, and investments; regular contributions from persons not living in the household; net royalties and annuities; net rental income; any other income

* A household of one means a pupil who is his/her sole support.

ADDITIONAL INFORMATION

- **FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)** — Households participating in the FDPIR are categorically eligible for free meals or milk. The FDPIR is authorized by Section 4(b) of the Food Stamp Act of 1977. Under this section, eligible households may elect to participate in either the Food Stamp Program *or* the FDPIR. Since households are afforded the option to participate in either program, FDPIR households have been determined to receive the same categorical benefits as Food Stamp households.
- **SOCIAL SECURITY NUMBER** — The application must have the last four digits of the Social Security number of the adult who signs it. If the adult does not have a Social Security number, write "none" to show that the adult does not have a Social Security number. If a Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number for the child is listed, or if the application is for a foster child, the last four digits of the Social Security number is **not** required.
- **APPLYING FOR BENEFITS** — Only one application is required for all children in the household. You may apply for benefits at any time during the school year. If you are not eligible now but your income goes down, you lose your job, your family size becomes larger, or you become eligible for Food Stamp, CalWORKs, Kin-GAP, or FDPIR benefits, you may submit an application at that time. Children of parents or guardians who become unemployed may be eligible for free or reduced price meals during the period of unemployment.
- **VERIFICATION** — School officials may check the information on the application at any time during the school year. You may be asked to send information to prove your income, or current eligibility for Food Stamp, CalWORKs, Kin-GAP, or FDPIR benefits. Refer to the application for more detailed explanation.
- **MEALS FOR DISABLED, HEAD START/EVEN START, MIGRANT EDUCATION, HOMELESS OR RUNAWAY CHILDREN**— If you believe your child needs a food substitute or texture modification because of a disability, please contact the school. A child with a disability is entitled to a special meal at no extra charge if the disability prevents the child from eating the regular school meal. Households with children who are enrolled in the Head Start/Even Start Program or the Migrant Education Program or who are considered homeless or runaway by the school district's homeless liaison should also contact the school for assistance in receiving benefits.
- **WIC PARTICIPANTS** — If you currently receive benefits under the Special Supplemental Nutrition Program for Women, Infants, and Children—better known as the WIC Program—your child may be eligible for free or reduced-price meals. You are encouraged to complete an application and return it to the school for processing.
- **NONDISCRIMINATION** — Children who receive free or reduced-priced meals must be treated in the same manner as those children who pay full price for their meals.
- **FAIR HEARING** — If you do not agree with the school's decision regarding your application or the result of verification, you may discuss it with the school. You also have the right to a fair hearing. A fair hearing may be requested by calling or writing the following school official: *Keller McDonald, Superintendent, West Sonoma County Union High School District 462 Johnson Street, Sebastopol, CA 95472 Direct Line: 707-824-6412*
- **CONFIDENTIALITY** — Family size, household income, and Social Security number information will remain confidential and will not be shared for any purpose. Information you provide will determine your child(ren)'s eligibility to receive free or reduced-price meals.

You will be notified by the school when your application has been approved or denied for free or reduced-price meals. If you have any questions or need assistance in completing the application, please contact:

Gayle Dyer, Food Services Coordinator, West Sonoma County Union High School District
 462 Johnson Street , Sebastopol, CA 95472 707-824-2338 Email: gdyer.do@wscuhd.k12.ca.us www.wscuhd.k12.ca.us

In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call 202-720-5964 (voice and TDD). The USDA is an equal opportunity provider and employer.

CARTA A LOS HOGARES SOBRE EL PROGRAMA NACIONAL DE ALMUERZO ESCOLAR Y EL PROGRAMA DE DESAYUNO ESCOLAR PARA 2011-2012

Estimado Padre o Tutor:

West Sonoma County Union High School District participa en los programas de Almuerzos y Desayunos Escolares a nivel nacional. Las comidas son servidas cada día en las tres escuelas preparatorias: Analy, El Molino y Laguna.

NOVEDADES PARA EL AÑO ESCOLAR 2011-12: El precio de las comidas ha sido incrementado, y hay un cargo por las comidas a precio reducido.

- Los estudiantes pueden comprar almuerzo por \$3.00, y/o desayuno por \$1.75.
- Los estudiantes elegibles pueden calificar para comidas gratis o de precio reducido.
- El precio reducido es 40¢ para almuerzo y 30¢ para desayuno.
- La leche está incluida en los almuerzos y los desayunos, o los estudiantes pueden comprar leche por 50¢.

Este Distrito Escolar participa en **Certificación Directa**, o sea que la certificación de su hijo(a) para recibir comida gratis es automática, si usted ahora recibe Estampillas de Alimentos (FS), o recibe beneficios sobre Oportunidad y Responsabilidad del Trabajo para Niños en California (CalWORKs), Pagos por Ayuda en Tutela y Parentesco (KinGAP), o Programa de la Distribución de Alimentos en las Reservaciones Indígenas (FDPIR). (Para más información véase "COMO SOLICITAR AYUDA — ESTAMPILLAS DE ALIMENTOS, etc ..." abajo)

Niños en adopción temporal: Cuando estos niños están bajo la responsabilidad de un Hogar de Protección Temporal o una Corte, son elegibles para comida gratis. Cualquier niño de adopción temporal en el hogar es elegible para comida gratis sin importar el ingreso. Al completar una solicitud para comida, los niños en adopción temporal pueden ser registrados como miembros de la familia, junto con otros que no tienen esa condición. El niño de adopción temporal está automáticamente certificado para comida gratis. La elegibilidad para el resto de los niños en el hogar es determinada con base en el ingreso familiar. (Para más información ver "COMO SOLICITAR — NINOS EN ADOPCION TEMPORAL ..." abajo)

Ingreso Familiar: Si usted no recibe los beneficios que califican automáticamente a su hijo(a) para las comidas gratis, usted puede aplicar para las comidas gratis o a precios reducidos. Si su ingreso total del hogar es igual o menor que las cantidades en la escala de ingreso abajo, su hijo(a) puede recibir comidas gratis o a un precio reducido. "HOGAR" significa un grupo de individuos, parientes o no-parientes, que están viviendo como una unidad económica y están compartiendo costos de vivienda. "COSTOS DE VIVIENDA" se refiere a ropa, alimentos, cuentas médicas, y utilidades. (Véase "COMO SOLICITAR - HOGARES DE TODO OTRO TIPO DE INGRESOS (Sueldos, salarios, pensiones, etc.)" abajo.)

COMO SOLICITAR

Complete y firme la **Solicitud de Comidas Gratis y a Precios Reducidos** adjunta, y regrésela a la escuela lo más pronto posible. La solicitud no puede ser aprobada si contiene información incompleta sobre elegibilidad, y puede ser devuelta.

Hay Solicitudes En-línea disponibles el 1º de Agosto del 2011 en www.schoollunchapp.com. La solicitud En-línea es SEGURA, GARANTIZADA y PRIVADA! Las solicitudes En-línea serán aceptadas a partir del 1º de Agosto del 2011.

FAMILIAS QUE PARTICIPAN EN FOOD STAMP, CalWORKs, Kin-GAP, y FDPIR

- Si usted está recibiendo beneficios sobre Food Stamp, CalWORKs, Kin-GAP, or FDPIR para sus hijos(as), y ha recibido una carta de este Distrito Escolar confirmando que su hijo(a) está automáticamente certificado(a) y es elegible para comida gratis, entonces no necesita llenar una solicitud para comida.
- Si usted **no** ha recibido una carta de confirmación, complete la **Solicitud para Comidas Gratis y a Precios Reducidos**. En la **Sección A**, haga una lista con los nombres de sus hijos(as) y escriba el número de caso de Food Stamp, CalWORKs, Kin-GAP, o FDPIR. Después de completar la **Sección A**, pase a la **Sección C**, firme este formulario y regréselo a la escuela. UN MIEMBRO ADULTO DEL HOGAR TIENE QUE FIRMAR LA SOLICITUD.

NIÑOS EN ADOPCION TEMPORAL O NIÑOS EN CUIDADO FUERA DE CASA

Un niño de adopción temporal está bajo la responsabilidad legal de la agencia de bienestar o bajo tutela de la Corte.

- Si todos los niños en esta solicitud son de adopción temporal: En la **Sección A** escriba el nombre del niño y la escuela específica donde estudia. Escriba Sí en la casilla de Adopción Temporal. Después de completar la **Sección A**, pase a la **Sección C**, firme el formulario y regréselo a la escuela. EL PADRE ADOPTIVO O LA AGENCIA OFICIAL DEBE FIRMAR LA SOLICITUD.
- Si incluye un(a) niño(a) de adopción temporal en su solicitud familiar: Complete las Secciones A, B y C, tal como se describe en la otra página, en "TODOS LOS OTROS INGRESOS FAMILIARES..." En la **Sección A**, asegúrese de indicar los niños de adopción temporal. En la **Sección B**, reporte cualquier ingreso personal recibido por el niño de adopción temporal. Ingreso para uso personal de un niño de adopción temporal es: (a) el dinero entregado por la oficina de bienestar, en la categoría de uso personal del niño, en cosas tales como ropa, cuotas de la escuela, y otras prestaciones; y (b) cualquier otro dinero que el niño reciba, tal como dinero de la familia y ganancias de empleos de tiempo completo o por trabajo regular a tiempo parcial. Los pagos de la agencia, recibidos por la familia en concepto de adopción temporal, **no** son considerados ingresos y no necesitan ser reportados. En la **Sección C**, incluya al niño o los niños de adopción temporal en el número total de personas en el hogar. *Un miembro adulto del hogar tiene que firmar la solicitud.*

HOGARES DE TODO OTRO TIPO DE INGRESOS (Sueldos, salarios, pensiones, etc.)

Si usted no entra un número de caso de Food Stamp, CalWORKs, Kin-GAP, o FDPIR por NINGUN estudiante incluido en la lista de la solicitud, usted deberá entrar:

- **Sección A:** Los nombres de todos los niños en edad escolar en el hogar y los nombres de las escuelas donde estudian, y los nombres de todos los otros niños del hogar que no asisten a la escuela.
- **Sección B:** Los nombres de todos los adultos y otros miembros del hogar, la cantidad que cada persona recibió el mes anterior, y la fuente del ingreso. Los niños que reciben ingreso deben ser incluidos también.
- **Sección C:** Los últimos cuatro números del Seguro Social del miembro adulto que firma la solicitud o indicar "no", si el adulto no tiene ese número. Entre el número total de personas en el hogar. *Un miembro adulto del hogar tiene que firmar la solicitud.*

Una solicitud debe ser completada, con la lista de todos los miembros del hogar y sus ingresos, para un niño que vive con parientes o amigos, ya sea que esté o no bajo la tutela de la Corte.

INGRESO ACTUAL: La cantidad de ingresos que cada miembro del hogar recibió el mes pasado, antes de deducciones de impuestos o de otro tipo, y el origen de los ingresos, ya sea por salarios, asistencia pública, pensiones, y otros ingresos. Si alguna cantidad del mes pasado era mayor o menor que lo usual, escriba la cantidad mensual normal o proyecte el ingreso anual. Para calcular el ingreso mensual: semanal x 4.33; cada dos semanas x 2.15; dos veces al mes x 2.

GUIA DE ELEGIBILIDAD POR INGRESO

Julio 1, 2011–Junio 30, 2012

Personas En Hogar	Anual	Mensual	Quincenal	Cada Dos Semanas	Semanal
1*	\$ 20,147	\$ 1,679	\$ 840	\$ 775	\$ 388
2	27,214	2,268	1,134	1,047	524
3	34,281	2,857	1,429	1,319	660
4	41,348	3,446	1,723	1,591	796
5	48,415	4,035	2,018	1,863	932
6	55,482	4,624	2,312	2,134	1,067
7	62,549	5,213	2,607	2,406	1,203
8	69,616	5,802	2,901	2,678	1,339

Para cada miembro adicional del hogar añada:

\$ 7,067	\$ 589	\$ 295	\$ 272	\$ 136
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* Una familia de un miembro se refiere a un estudiante que se sostiene a sí mismo.

INGRESOS PARA REPORTAR

INGRESOS POR TRABAJO	ASISTENCIA PUBLICA, AYUDA ECONOMICA PARA NIÑOS, ASISTENCIA DE DIVORCIO	PENSIONES JUBILACIÓN SEGURO SOCIAL	OTROS INGRESOS
Sueldos, Salarios y Propinas, Beneficios de Huelgas, Compensación de Desempleo, Compensación de Trabajadores, Ingreso neto de negocio propio o rancho	Pagos de Ayuda Pública, Pagos de Bienestar Social, Divorcio, Ayuda Económica Para Niños	Pensiones, Ingreso Complementario de Seguro, Pagos de Jubilación, Seguro Social	Beneficios de Incapacidad, Dinero sacado de Cuenta de Ahorros, Intereses y Dividendos, Ingresos de Herencia, Fideicomiso e Inversiones, Contribuciones regulares de personas que no viven en el hogar, Ingresos netos de derechos de autor, Anualidades, Alquileres, o ingresos de cualquier otro tipo

INFORMACION ADICIONAL

- PROGRAMA DE DISTRIBUCIÓN DE ALIMENTOS EN RESERVAS INDÍGENAS (FDPIR) — Los hogares que participan en el FDPIR ahora son categóricamente elegibles para recibir comidas o leche gratis. EL FDPIR está autorizado por la Sección 4(b) del Acta de Estampillas de Comida de 1977. Bajo esta sección, los hogares elegibles pueden optar por participar en el Programa de Estampillas para Comida o FDPIR. Como los hogares tienen la opción de participar en cualquiera de los dos programas, se ha determinado que los hogares de FDPIR reciban los mismos beneficios categóricos como los hogares que reciben estampillas para comida.
- NÚMERO DE SEGURO SOCIAL — La solicitud debe tener los últimos cuatro dígitos del Número de Seguro Social del adulto que lo firma. Si el adulto no tiene un Número de Seguro social, escriba "no" o alguna otra cosa, para demostrar que el adulto no lo tiene. Si anotó un número de caso para Estampillas para Comida, CalWORKs, Kin-GAP, o FDPIR para el niño, o si la solicitud es para un niño de Adopción temporal (foster), un Número de Seguro Social no es necesario.
- SOLICITANDO BENEFICIOS — Solamente una solicitud se requiere para todos los niños en el hogar. Usted puede solicitar beneficios cuando quiera durante el año escolar. Si no es elegible ahora, pero su ingreso baja, pierde su trabajo, o aumenta el número de personas en su hogar, entonces puede llenar otra solicitud. Los niños de padres o tutores que han perdido el empleo pueden ser elegibles para comidas gratis o de precio reducido durante el período de desempleo.
- VERIFICACIÓN — La información en la solicitud puede ser comprobada por oficiales de la escuela en cualquier momento durante el año escolar. Se le puede pedir comprobantes de su ingreso, o elegibilidad actual para Estampillas para Comida, CalWORKs, Kin-GAP, o FDPIR. Refiérase a la solicitud para una explicación más detallada.
- COMIDAS PARA DISCAPACITADOS (PERSONAS CON LIMITACIONES), DE HEAD START/EVEN START, DE MIGRANT EDUCATION, O PERSONAS SIN HOGAR O FUERA DE CONTROL — Si piensa que su niño requiere una dieta especial o necesita sustituir algún alimento o modificar la textura de alguna comida a causa de una incapacidad o impedimento, favor de ponerse en contacto con la escuela. Un niño con una discapacidad o limitación tiene derecho a una comida especial sin precio adicional, cuando la discapacidad le impide ingerir la comida regular de la escuela. Los hogares con niños que participan en los programas Head Start/Even Start o Migrant Education, o que son considerados personas sin hogar o fuera de control, por la oficina de enlace para personas sin hogar del Distrito Escolar, deberían solicitar ayuda a la escuela para recibir beneficios.
- PARTICIPANTES EN WIC — Si recibe usted beneficios bajo el Programa de Nutrición para Mujeres, Infantes y Niños — mejor conocido como el Programa WIC, su niño puede ser elegible para comidas gratis o a precios reducidos. Se le recomienda llenar una solicitud y devolverla a la escuela para su procesamiento.
- NO DISCRIMINACION — Los niños que reciben comida gratis o a precios reducidos tienen que ser tratados en la misma manera que los niños que pagan precio completo por sus comidas.
- AUDIENCIA IMPARCIAL — Si no está de acuerdo con la decisión de la escuela con respecto a su solicitud o con el resultado de la verificación, puede discutirlo con la escuela. Usted también tiene el derecho a una audiencia imparcial. Una audiencia imparcial se puede solicitar llamando o escribiendo al siguiente oficial escolar: *Keller McDonald, Superintendent, West Sonoma County Union High School District, 462 Johnson Street, Sebastopol, CA 95472, Línea Directa: (707) 824-6412*
- CONFIDENCIALIDAD — La información sobre el número de personas en el hogar, los ingresos del hogar, y el Número de Seguro Social permanecerá confidencial y no se divulgará por ningún motivo. La información que usted provee determinará la elegibilidad de su(s) niño(s) para recibir comidas gratis o a precios reducidos y para verificar la elegibilidad.

La escuela le avisará cuando su solicitud para comidas gratis o a precios reducidos, sea aprobada o negada. Si tiene alguna pregunta o necesita ayuda para llenar la solicitud, favor de ponerse en contacto con:

Gayle Dyer, Food Services Coordinator, West Sonoma County Union High School District
 462 Johnson Street, Sebastopol, CA 95472, (707) 824-2338 Email: gdyer.do@wscuhsd.k12.ca.us www.wscuhsd.k12.ca.us

De acuerdo con las Leyes Federales y el Departamento de Agricultura de los EE.UU. (USDA, por siglas en inglés), esta institución tiene la prohibición de practicar la discriminación con relación a raza, color, origen nacional, sexo, edad, o impedimentos de las personas.

Para presentar una queja sobre discriminación, escriba a USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, o llame al (202) 720-5964 (voz y TDD). USDA es un proveedor y empleador que ofrece igualdad de oportunidades a todos.

2011-12 School Year

**APPLICATION FOR FREE AND REDUCED PRICE MEALS
WEST SONOMA COUNTY UNION HIGH SCHOOL DISTRICT / FOOD SERVICES**

COMPLETE AND RETURN THIS APPLICATION TO THE SCHOOL

SECTION A. ALL HOUSEHOLDS COMPLETE THIS SECTION

FOR SCHOOL USE ONLY - ELIGIBILITY DETERMINATION			
HSHLD SIZE:		HSHLD INCOME: \$	
FREE:		REDUCED:	DENIED:
FREE: FOSTER CHILD	FREE with: FS / CalWORKs / Kin-GAP / FDIPIR		
TEMPORARY FREE UNTIL: (45 calendar days from date of determination)		Direct Certified as: H M R EP <input type="checkbox"/>	
DETERMINING OFFICIAL:	DATE:	2 nd Review:	
VERIFICATION OFFICIAL:	DATE:	Follow-up:	

STUDENT / CHILD INFORMATION (all children in household)				FOOD STAMP (FS), CALWORKS, KIN-GAP, OR FDIPIR BENEFITS		FOSTER CHILD	FOR SCHOOL USE ONLY
LAST NAME	FIRST NAME	SCHOOL NAME <small>(Write N/A if not in school) Grade</small>		YES/NO	IF YES, ENTER CASE NUMBER BELOW:	YES/NO	STUDENT ID
1.							
2.							
3.							
4.							
5.							

If you entered a Food Stamp, CalWORKs, Kin-GAP, or FDIPIR case number for ANY child in Section A, or if ALL children on this application are Foster Children, skip Section B and complete Section C.

SECTION B. HOUSEHOLD MEMBERS AND THEIR MONTHLY INCOME (IF ANY)

(1) List all **adult household members**, regardless of income. (2) Indicate amount(s) and source(s) of income for those adult household members with income last month, (3) Enter any income received last month *by/for a child* from full-time or regular part-time employment, SSI, or Adoption Assistance payments; and (4) If amount last month was more/less than usual, enter the usual amount.

FULL NAME	GROSS EARNINGS FROM WORK BEFORE DEDUCTIONS, INCLUDE ALL JOBS	PENSION, RETIREMENT, SOCIAL SECURITY	WELFARE BENEFITS, CHILD SUPPORT, ALIMONY PAYMENTS	ANY OTHER MONTHLY INCOME	FOR SCHOOL USE ONLY: TOTAL MONTHLY INCOME
1.					
2.					
3.					
4.					
5.					

California Education Code Section 49557(a): Applications for free and reduced-price meals may be submitted at any time during a school day. Children participating in the National School Lunch Program will not be overtly identified by the use of special tokens, special tickets, special serving lines, separate entrances, separate dining areas, or by any other means.

Privacy Act Statement: This explains how we will use the information you give us. 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 if you list a CalFresh, CalWORKs, or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDIPIR 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.

SECTION C. ALL HOUSEHOLDS READ AND COMPLETE THIS SECTION

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is given for the receipt of Federal funds, that school officials may verify the information on the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

SIGNATURE OF ADULT HOUSEHOLD MEMBER COMPLETING THIS FORM		TELEPHONE NUMBER	DATE
PRINTED NAME OF ADULT HOUSEHOLD MEMBER SIGNING THIS APPLICATION		LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER OR WRITE "NONE" IF YOU DO NOT HAVE A SOCIAL SECURITY NUMBER	
ADDRESS		TOTAL # OF PERSONS IN HOUSEHOLD	
CITY	STATE	ZIP CODE	

SECTION D. CHILDREN'S RACIAL AND ETHNIC IDENTITIES (Optional)

1. Mark one or more racial identities: American Indian or Alaska Native Asian Black or African-American Native Hawaiian or Other Pacific Islander White

2. Mark one ethnic identity: Of Hispanic or Latino Origin Not of Hispanic or Latino Origin

This Institution is an Equal Opportunity Provider.

AÑO ESCOLAR 2011-2012

SOLICITUD PARA COMIDAS ESCOLARES GRATIS Y A PRECIOS REDUCIDOS O PARA LECHE GRATIS WEST SONOMA COUNTY UNION HIGH SCHOOL DISTRICT / FOOD SERVICES COMPLETE ESTA SOLICITUD Y REGRESELA A LA ESCUELA

PARA USO DE LA ESCUELA SOLAMENTE – DETERMINACION DE ELEGIBILIDAD					
HOUSEHOLD SIZE		HOUSEHOLD INCOME		FREE: FOSTER CHILD	
FREE WITH: FS / CALWORKS / KIN-GAP / FDPIR			DIRECT CERTIFIED AS: H M R		
FREE:	REDUCED:	DENIED:	2 ND REVIEW:	EP: <input type="checkbox"/>	
TEMPORARY FREE UNTIL (45 DAYS FROM DATE OF DETERMINATION):					
DETERMINING OFFICIAL:				DATE:	
VERIFICATION OFFICIAL:				DATE:	

SECCIÓN A. TODOS LOS MIEMBROS DEL HOGAR DEBEN ESTAR INCLUIDOS EN ESTA SECCION :

INFORMACION DE ESTUDIANTES/NIÑOS (Todos los niños en el hogar)			ESTAMPILLAS DE COMIDA (FS), CALWORKS, KIN-GAP O BENEFICIOS FDPIR		EN ADOPCION TEMPORAL FOSTER	USO DE LA ESCUELA SOLAMENTE
APELLIDO	PRIMER NOMBRE	NOMBRE DE ESCUELA (N/A, NINGUNA)	SI/ NO	ESCRIBA EL NUMERO DEL CASO FS, CALWORKS, KIN-GAP, O FDPIR	SI/ NO	STUDENT ID
1.						
2.						
3.						
4.						

INGRESO MENSUAL DE LOS MIEMBROS DEL HOGAR QUE VIVEN EN LA CASA: SI DECLARA EL NUMERO DE CASO DE ESTAMPILLAS DE COMIDA, CalWORKS, Kin-GAP, o FDPIR, POR ALGUN NIÑO, o si la aplicación es para TODOS los niños en adopción temporal (foster), NO LLENE ESTA SECCION. SIGA CON LA SECCIÓN C.

SECCION B. Escriba los nombres de **todos los adultos** del hogar e indique la cantidad y el origen del ingreso que cada miembro recibió el último mes. Si esto no refleja correctamente su ingreso mensual, proyecte su ingreso normal del mes. También incluya todos los ingresos recibidos de los adolescentes, ya sea por tiempo completo o por tiempo parcial de trabajo, SSI, o ayuda por adopción.

NOMBRE COMPLETO	SUELDOS DE TRABAJOS (ANTES DE LAS DEDUCCIONES) INCLUYA TODOS LOS TRABAJOS	PENSIONES, JUBILACIÓN, SEGURO SOCIAL	BENEFICIOS DE WELFARE, AYUDA ECONOMICA PARA NIÑOS, ASISTENCIA DE DIVORCIO	CUALQUIER OTRO INGRESO	PARA USO DE LA ESCUELA SOLAMENTE: INGRESO MENSUAL
1.					
2.					
3.					
4.					

Sección 49557(a) del Código de Educación de California: La solicitud para las comidas gratis o a precios reducidos puede ser enviada en cualquier momento durante el día escolar. Los niños que participen en el Programa Nacional de Alimentos Escolares, no se les distinguirá con el uso de fichas especiales, boletos especiales, filas especiales de servicio, entradas separadas, comedores separados, u otra forma de discriminación.

La Ley de Derecho a Privacidad: Esto se refiere a la forma en que usaremos la información que usted nos proporciona. La Ley Nacional Richard B. Russell sobre Almuerzos Escolares requiere la información de esta solicitud. Usted no tiene la obligación de dar esta información, pero si no la da, nosotros no podemos aprobar que su niño reciba comidas gratis o a precio reducido. Usted debe incluir los últimos cuatro dígitos del Número de Seguro Social del adulto de la casa quien firma la aplicación. Los últimos cuatro dígitos del Número del Seguro Social no son necesarios si solicita beneficios a favor de un niño en adopción temporal, o si usted se refiere a un número de caso para CalFresh, CalWORKS, o Food Distribution Program on Indian Reservations (FDPIR), u otro identificador FDPIR para su hijo(a), o cuando usted indique que el adulto de la casa quien firma la solicitud no tiene un Número de Seguro Social. Nosotros usaremos su información para determinar si su hijo(a) es elegible para comidas gratis o a precio reducido, y para la administrar y hacer cumplir los programas de almuerzos y desayunos escolares. Nosotros PODEMOS compartir su información de elegibilidad con los programas de educación, salud y nutrición, para ayudarlos a evaluar, financiar o determinar beneficios para sus programas, auditores para los programas de supervisión, y oficiales de aplicación de la ley, para ayudarlos a que investiguen las violaciones al reglamento de los programas.

SECCIÓN C. TODAS LAS FAMILIAS DEBERAN LEER Y COMPLETAR ESTA SECCION

Entiendo que toda la información en esta solicitud es verdadera y correcta, y que todos los ingresos son declarados. Entiendo que esta información es para recibir fondos federales; que las autoridades escolares pueden verificar la información de esta solicitud; y que la falsificación deliberada de datos, me expone a ser enjuiciado(a) conforme a las leyes federales y estatales pertinentes.

FIRMA DE ADULTO DEL HOGAR QUIEN COMPLETA ESTE FORMULARIO		NUMERO DE TELEFONO	FECHA
ESCRIBA EN LETRA DE MOLDE EL NOMBRE DEL ADULTO QUE FIRMA ESTA APLICACION		ULTIMOS CUATRO DIGITOS DE SU NUMERO DE SEGURO SOCIAL), O ESCRIBA «NO TENGO» SI USTED NO TIENE UNO	
DOMICILIO		NUMERO DE PERSONAS QUE VIVEN EN LA CASA	
CIUDAD	CODIGO POSTAL	NUMERO TOTAL DE ADULTOS Y NIÑOS DEL HOGAR	

SECCION D. IDENTIDAD ETNICA Y RACIAL DE LOS NIÑOS (Opcional)

1. Señale una o más identidades raciales Indígena Americano o Nativo de Alaska Asiático Negro o Africano-Americano Hawaiano Nativo o de otra Isla del Pacífico Blanco
2. Señale una identidad étnica: De origen Latino o Hispánico No de origen Latino o Hispánico