

OAKLAND MILITARY INSTITUTE STUDENT REGISTRATION

GRADE

Student Last Name:

First Name:

Permanent ID:

▶ **Has your student ever attended Oakland Military Institute before?** Yes No

PLEASE PRINT – STUDENT’S LEGAL NAME

Legal First Name	Legal Middle Name	Legal Last Name	Other Legal Name (if applicable)			
<input type="checkbox"/> Male <input type="checkbox"/> Female Birth date:		<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 33%;">Month</td> <td style="width: 33%;">Day</td> <td style="width: 33%;">Year</td> </tr> </table>		Month	Day	Year
Month	Day	Year				
Parent/Guardian First Name	Last Name	Home Phone	Day Phone: <input type="checkbox"/> Cell or <input type="checkbox"/> Work			
Parent/Guardian First Name	Last Name	Home Phone	Day Phone: <input type="checkbox"/> Cell or <input type="checkbox"/> Work			
Mailing Address		Apt#	City			
Residence Address: (house # & street name) (IF DIFFERENT)		Apt #	City			
(P.O Box or house # & street name)		State	Zip			

WHAT IS YOUR CHILD’S ETHNICITY? (Please check one): Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) 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) (Persons having origins in any of the original people of North, Central or South America)	<input type="checkbox"/> Laotian (206)	<input type="checkbox"/> Tahitian (304)
<input type="checkbox"/> Chinese (201)	<input type="checkbox"/> Cambodian (207)	<input type="checkbox"/> Other Pacific Islander (399)
<input type="checkbox"/> Japanese (202)	<input type="checkbox"/> Hmong (208)	<input type="checkbox"/> Filipino/Filipino American (400)
<input type="checkbox"/> Korean (203)	<input type="checkbox"/> Other Asian (299)	<input type="checkbox"/> African American or Black (600)
<input type="checkbox"/> Vietnamese (204)	<input type="checkbox"/> Hawaiian (301)	<input type="checkbox"/> White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)
<input type="checkbox"/> Asian Indian (205)	<input type="checkbox"/> Guamanian (302)	
	<input type="checkbox"/> Samoan (303)	

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.			
<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 33%;">Month</td> <td style="width: 33%;">Day</td> <td style="width: 33%;">Year</td> </tr> </table>	Month	Day	Year
Month	Day	Year	
Date first attended school in California			
<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 33%;">Month</td> <td style="width: 33%;">Day</td> <td style="width: 33%;">Year</td> </tr> </table>	Month	Day	Year
Month	Day	Year	

BIRTHPLACE: City: _____ State: _____ Country: _____

U.S. Citizen: Yes No

Did you or your child enter the United States as a
Refugee (I-94 Form)? Yes No

If Yes: U.S. Entry Date:

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
5. Has your child ever been reclassified as English Proficient? Yes
(School Name:) _____ 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:

- | | |
|--|--|
| <input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home) | <input type="checkbox"/> In a motel/hotel |
| <input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) | <input type="checkbox"/> Unsheltered (car/campsite) |
| <input type="checkbox"/> In a shelter or transitional housing program | <input type="checkbox"/> Other (15) (please specify) _____ |
| <input type="checkbox"/> In a bus/train station or public place | _____ |

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 StepFather/Guardian (check one) **Full Name:** _____
Employer: _____ **City:** _____ **Daytime Phone #** _____
2. Mother StepMother/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 Name	Address/City/State/Zip	Grade(s)	Date(s)

If student has attended 10th grade in California have they taken the CAHSEE (Exit Exam)? Yes No

If so, where did they take it? _____

Are there psychological or confidential reports available from your child's former school? 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) _____

EMERGENCY INFORMATION

OMI will use an automated phone dialer to notify you of important announcements and in emergencies. What phone number should OMI program into that phone dialer? _____

Relative, friend or neighbor over age 18 who is authorized to pick up child if parent/guardian cannot be reached:

Name _____ Relationship _____ Home Phone _____ Cell Phone _____

Name _____ Relationship _____ Home Phone _____ Cell Phone _____

Name _____ Relationship _____ Home Phone _____ Cell Phone _____

Medical Insurance Name _____ ID# _____

Name/Address of Doctor _____ Phone _____

Name/Address of Dentist _____ Phone _____

Is your child allergic to any drugs, foods, bee sting, etc. ? Yes No If yes, what? _____

Does your child have any chronic illness (asthma, diabetes, heart disease, epilepsy, etc.) Yes No
If yes, what? _____

Does your child take any medication on a regular basis? Yes No
If yes, what and what for? Please List _____

I, We, the undersigned parent(s) or legal guardian of the above student, a minor, do hereby authorize a representative of the **Oakland Military Institute (OMI)** as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis and/or treatment and hospital care that is deemed advisable by, and is rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the California Medical Practice Act, on the medical staff of an accredited hospital, where such diagnosis or treatment is rendered at the office of said physician or said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the above mentioned agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care that the above mentioned physician in the exercise of his or her best judgment may deem advisable. This authorization shall remain effective until **June 30, 2010** unless sooner revoked in writing and delivered to the school.

ELECTRONIC SIGNATURE

CONSENT FOR USE OF PHOTOGRAPHS AND LIKENESSES BY THE OAKLAND MILITARY INSTITUTE

I give my consent to the Oakland Military Institute and its employees and agents (collectively "OMI"), to take and use visual/audio images of me and/or my child(ren). "Visual/audio images" includes any type of recording whatsoever including but not limited to photographs, digital images, drawings, renderings, voices, sound or video recordings, audio clips or accompanying written descriptions. I agree that OMI owns the images and all rights related to them.

The images may be used in any manner or media without notifying me in advance. Such potential uses include educational, promotional, advertising, and trade, through any medium or format, including, but not limited to, videotape, audiotape, film, photograph, television, radio, digital, internet, theater, or exhibition and may appear on OMI-sponsored web sites and in publications, promotions, broadcasts, advertisements, posters and theater slides.

I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them, or to be compensated for them. I understand that I will receive no consideration, monetary or otherwise, regardless of whether or not the project, or any part thereof, is published.

I release OMI and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such recording or use. I hereby freely and voluntarily consent to the use and publication of the images by OMI from this date forward until I revoke this consent in writing.

By clicking this box, I agree to the above policies.

Computer Internet Usage Policy

Access to the Internet, CD-ROM databases, word processing, and other electronic resources are available to all students for educational purposes. These activities include assigned research projects, college and career searches, and other high quality, educationally related activities.

In addition to all normal school rules, the following apply while using the computers:

- Computers are not to be used for personal email, chat rooms, games, or other purely recreational purposes
- No software of any kind is to be installed on the computers without permission from the Technology Coordinator
- For your own protection, you will not give your name, address, phone, or other personal information over the Internet except for on-line college admissions or scholarship applications
- Offensive language and images will not be tolerated in educational correspondence or text published on web pages sponsored by the school
- Plagiarism and copyright infringement will not be tolerated and will be handled in accordance with school policy
- Students will not access material that advocates violence, discrimination, or obscenity

Further information regarding acceptable uses of the Internet is available in each Computer lab area on campus. Failure to comply with these conditions will result in disciplinary action including, but not limited to:

- Loss of computer privileges
- Assignment of demerits
- Suspension

By clicking this box, I agree to the above computer/internet policies.

ADMINISTRATION OF PRESCRIPTION MEDICATION BY SCHOOL PERSONNEL

OMI will permit school personnel to assist a student who is required to take, during the course of the regular school day, medication prescribed for him/her by a physician ***only when the school has on file:***

- A written statement from the parent detailing the method, amount, and time schedules by which such medication is to be taken. This must be renewed at least each school year.
- A written statement from the parent or legal guardian requesting the school to assist the student in administration of the medication according to the doctor's instructions.
- NOTE: MEDICATION MUST BE IN ORIGINAL CONTAINERS, CLEARLY MARKED WITH STUDENT'S NAME AND DOSAGE REQ

PERMISSION FORM FOR PRESCRIBED MEDICATION

CADET/PLEDGE LAST NAME

FIRST

MI

DATE OF BIRTH

GRADE

Name of Medication: _____

Reason for Medication: _____

Method of Administration: Tablet/Capsule Liquid Inhaler Injection Nebulizer Other

Instructions (Schedule and dose to be given at school):

Restrictions and/or important side effects: None anticipated Yes (please describe)

Special storage instructions: None Refrigerate

Asthma Emergency Action Plan:

This student is both capable and responsible for self-administering this medication:

No

Yes-Supervised

Yes-Unsupervised

This student may carry this medication

No

Yes

By clicking this box, I give permission for my cadet/pledge to receive above medication at school according to school policy.

ELECTRONIC SIGNATURE

Oakland Military Institute Parent/Guardian Covenant

By signing this document, I/we enter into a solemn agreement with the faculty, staff, and cadre of OMI for the purpose of creating the best learning environment for my/our child and for every other child at OMI. I/we understand that failure to comply with the terms of this covenant may result in the denial of my child's re-enrollment for the following school year.

I/we will establish high expectations for my/our child's schoolwork, behavior, and life. I/we will not accept minimum effort or indifference to quality work and behavior.

I/we will know what is expected in each of my/our child's classes and communicate with teachers when I/we have questions or concerns.

I/we will insist on good attendance for my/our child and provide a quiet time and place in our home for study and understand that my/our child's schoolwork is more important than other tasks I/we may want him/her to accomplish.

I/we will be sure my/our child attends the TWO required parades during the school year (choose between Veteran's Day, Holiday, Cinco de Mayo, and Memorial Day).

I/we will insist that my/our child accept responsibility for their learning and conduct and I/we will support and work in partnership with teachers and staff to create an even greater team of adults helping all OMI students achieve their best.

I/we will become truly involved in the school life of my/our child by attending parent meetings and school events, volunteering to assist, and contributing in any way that I can to make the learning experience the best possible for all OMI students. I will complete 25 hours of service to the school. I/we consent to the school making my contact information available to parent leaders.

I/we will set the example for my/our child of the importance of education, the importance of college, and the importance and joy of learning and growing.

I/we will read weekly bulletins and act on the information, read and abide by the Parent/Cadet Handbook and require my child to do so.

By checking this box, I acknowledge that I have read each of the above items and agree to the elements of the covenant.

Under penalty of perjury I certify that the foregoing information, statements, and attestations are true and complete to the best of my knowledge. I hereby enroll my child at the Oakland Military Institute for the 2009-2010 school year.

SIGNATURE OF PLEDGE/CADET _____

SIGNATURE OF PARENT/GUARDIAN _____

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

NOTE: All parents/guardians are asked to complete the National School Lunch Program form, regardless of whether you plan to have your child participate in the program.

Thank you in advance.

*Children need healthy meals to learn. Oakland Military Institute **offers** healthy meals every school day. Breakfast costs \$2.00; lunch cost \$3.00. Your children may qualify for free meals or for reduced price meals. Reduced price is \$.30 for breakfast and \$.40 for lunch. Below you will find some frequently asked questions.*

- 1. Do I need to fill out an application for each child?** No. Complete the application to apply for free or reduced price meals. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. **A completed application will be printed out and made available for your signature at registration.**
- 2. Who can get free meals?** Children in households receiving Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program), or getting TANF, and most foster children can get free meals regardless of your income. Also, your children can get free meals if your household income is within the free limits on the Federal Income Guidelines.
- 3. Can homeless, runaway and migrant children get free meals?** Please call **Dr. Smith at (510)594- 3932** to see if your child (ren) qualifies, if you have not been informed that they will get free meals.
- 4. Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown on this application.
- 5. Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced price meals?** Please read the letter you got carefully and follow the instructions. Call the school if you have questions.
- 6. I get WIC. Can my child (ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
- 7. Will the information I give be checked?** Yes, we may ask you to send written proof.
- 8. If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start receiving SNAP or getting TANF or other benefits. If you lose your job, your children may be able to get free or reduced price meals.
- 9. What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing by calling or writing to:
Ms. Catherine James 3877 Lusk Street, Oakland CA 94608.
- 10. May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child (ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.
- 11. Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.
- 12. What if my income is not always the same?** List the amount that you normally get. For example, if \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.
- 13. We are in the military, do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income. If you have other questions or need help, call (510) 594-3946.

INSTRUCTIONS FOR APPLYING

If your household receives benefits from the Supplemental Nutrition Assistance Program (SNAP), formerly the Food Stamp Program, or gets TANF, follow these instructions:

Part 1: List child (ren)'s name, school, grade, and a SNAP or TANF case number.

Part 2: Check the appropriate box, if any.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

Check the appropriate box and Dr. Lori Smith.

Fill out application by following instructions for ALL OTHER HOUSEHOLDS.

If you are applying for a FOSTER CHILD, follow these instructions:

Part 1: Use a separate application for each foster child. List the child's name, school and grade.

Part 2: Skip this part.

Part 3: Check the box and list the child's personal use monthly income, if any.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List each child's name, school, and grade.

Part 2: Check the appropriate box, if any.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from last month.

Column 1–Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column 2 –Gross income last month and how often it was received. Next to each person's name list each type of income received last month, and how often it was received. For example,

Earnings from work: List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). *All other income:* List the amount each person got last month from welfare, child support, alimony, (second column) pensions, retirement, Social Security (third column), and ALLOTHER INCOME SOURCES (fourth column). In the All Other column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veterans benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column 3–Check if no income: If the person does not have any income, check the box.

Part 5: An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 6: Answer this question if you choose to.

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 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

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 Social Security number of the adult who signs it. If the adult does not have a Social Security number, write "none" or something else 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, a Social Security number is **not** required.

APPLYING FOR BENEFITS — 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.

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 — 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.

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:

NAME: Catherine James
ADDRESS: 3877 Lusk Street, Oakland, CA 94608
TELEPHONE: (510) 594-3952

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.

If you have any questions or need assistance in completing the application, please contact:

NAME: Sonja Noble
ADDRESS: 3877 Lusk Street
TELEPHONE: Oakland, CA 94608

You will be notified by the school when your application has been approved or denied for free or reduced-price meals.

**LETTER TO HOUSEHOLDS ABOUT THE NATIONAL SCHOOL LUNCH PROGRAM
AND SCHOOL BREAKFAST PROGRAM FOR 2009/2010 SCHOOL YEAR**

Oakland Military Institute participates in the National School Breakfast and Lunch Programs. Breakfast costs \$2.00 and Lunch is priced at \$3.00. If your child is eligible lunch is free for those who qualify or \$.30 cents for breakfast and/or \$.40 for lunch.

- 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, your child may receive free meals.
- 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.
- A foster care child who is the legal responsibility of the welfare agency or ward of the court may be eligible to receive meals free or at a reduced price regardless of your income. Foster children must have a separate application from other children in your household, and their eligibility is based on their "Personal Use Income."

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.

HOW TO APPLY

Complete and sign the attached ***Application for Free and Reduced-Price Meals or Free Milk***, 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.

FOOD STAMP, CalWORKs, Kin-GAP, and FDPIR HOUSEHOLDS — If you now get Food Stamp, CalWORKs, Kin-GAP, or FDPIR benefits for your child(ren), list each child's name, and your Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number. **AN ADULT HOUSEHOLD MEMBER MUST SIGN THE APPLICATION.**

FOSTER CARE CHILDREN or CHILDREN PLACED IN OUT-OF-HOME CARE — Complete a separate application for each child **who is the legal responsibility of the welfare agency or is a ward of the court.** Write the name of the child and the specific school the child attends. If the child receives personal-use income, list the amount of income. Personal-use income 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. **The foster parent or agency official must sign the application.**

INCOME ELIGIBILITY GUIDELINES

July 1, 2009 - June 30, 2010

Household Size	Income Guidelines				
	Year	Month	Twice Per Month	Every Two Weeks	Week
1*	\$ 20,036	\$ 1,670	\$ 835	\$ 771	\$ 386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317

For each additional family member, add:

\$ 6,919 \$ 577 \$ 289 \$ 267 \$ 134

ALL OTHER INCOME HOUSEHOLDS (wages, salary, pensions, etc.) — If you **do not** enter a Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number for **each** student listed on the application, you must enter (go to next column):

- The names of all school-age children in your household and the school(s) they attend
- The names of all other children in your household who do not attend school
- The names of all adults and other household members, the amount each person received last month, and the source of income
- 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

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.

An adult household member must sign the application.

- **A household of one means a foster child, a child in out-of-home care, or a pupil who is his/her sole support.**

OAKLAND MILITARY INSTITUTE

APPLICATION FOR FREE AND REDUCED-PRICE MEALS OR FREE MILK FOR SCHOOL YEAR 2009 - 2010

Please complete the application on the reverse side, sign the application, and return it to your child's school. For additional instructions, refer to the *Letter to Households* that is attached to this form. This application cannot be processed without the following information:

- The name of the child or children for whom you are applying for free or reduced-price benefits
- The names and income of all other household members
- The signature of the child's or children's parent or guardian
- The Social Security number of the person who signed the application. If the person signing the application does not have a Social Security number, write "none" in the space provided.

ALL HOUSEHOLDS: *READ THIS SECTION*

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: National School Lunch Act (Section 9) requires that, unless your child's Food Stamp, California Work Opportunity (CalWORKs), Kinship Guardian Assistance Payment (Kin-GAP), or Food Distribution Program on Indian Reservations (FDPIR) case number is provided, you must include the Social Security number of the adult household member signing the application or indicate that the household member signing the application does not have a Social Security number. Provision of a Social Security number is not mandatory, but the application cannot be approved if a Social Security number is not provided or an indication is not made that the signer does not have such a number. The Social Security number may be used to identify the household member in carrying out efforts to verify correct information provided on the application. These verification efforts may be carried out through program reviews, audits, and investigations; and may include contacting employers to determine income, contacting the State's Employment Development Department or local welfare offices to determine the amount of benefits received, and checking the documentation produced by household members to prove the amount of income received. Reporting incorrect information may result in loss or reduction of the household's program benefits, or in administrative claims and/or legal actions against household members.

In accordance with federal law and U.S. Department of Agriculture (USDA) 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.

APPLICATION FOR FREE AND REDUCED-PRICE MEALS OR FREE MILK FOR SCHOOL YEAR 2009 - 2010

SECTION A. STUDENT INFORMATION: Complete this section by providing information for all of the children in your household.

STUDENT / CHILD INFORMATION			FOOD STAMP, CALWORKS, KIN-GAP, OR FDPIR BENEFITS		FOSTER CHILD (MUST HAVE SEPARATE APPLICATION)		FOR SCHOOL USE ONLY
LAST NAME	FIRST NAME	CURRENT SCHOOL (WRITE "N/A" IF NOT IN SCHOOL)	WRITE "YES" OR "NO"	IF "YES," WRITE CASE NUMBER BELOW	WRITE "YES" OR "NO"	IF "YES," ENTER CHILD'S MONTHLY "PERSONAL-USE" INCOME	STUDENT ID

SECTION B. HOUSEHOLD MEMBERS AND MONTHLY INCOME: If in Section A you entered a Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number for **each** child, or if this application is for a foster child and you entered monthly personal-use income, go to signature block in Section C. **Foster Child:** In some cases foster children are eligible for free or reduced-price meals or free milk regardless of the household's income. If you have foster children living with you and you wish to apply for meal or milk benefits for them, please contact your school's food administrator.

List all adult household members, regardless of whether or not they have income. Indicate the amount and source of monthly income each household member received last month. If any amount last month was more or less than usual, enter the usual monthly income. Also, enter any income received by or for a child from full-time or regular part-time employment, Social Security Income, or Adoption Assistance.

FULL NAME	GROSS MONTHLY 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

SECTION C. 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 in connection with the receipt of Federal funds, that school officials may verify the information on the application at any time, 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 WHO COMPLETED THIS FORM		SOCIAL SECURITY NUMBER (WRITE "NONE" IF N/A)	
MAILING ADDRESS			
CITY	ZIP CODE	TOTAL ADULTS AND CHILDREN IN HOUSEHOLD	

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

1. Mark one or more racial identities:				
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White
2. Mark one ethnic identity:				
<input type="checkbox"/> Of Hispanic or Latino origin		<input type="checkbox"/> Not of Hispanic or Latino origin		
FOR SCHOOL USE ONLY - ELIGIBILITY DETERMINATION				
<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/> Categorically Free with Food Stamp, CalWORKs, Kin-GAP, or FDPIR Benefits				
Zero Income, Temporary Free Until (Up to 45 calendar days from date of this determination):			Direct Certified as: H M R EP <input type="checkbox"/>	
Year Round Track:	Household Size:	Household Income:		
Determining Official:	Date:	2 nd Review – Official:		Date:
Verification Official:	Date:	Follow up:		