

CUSD#4 Registration Form

Student Information

Student Name _____ Grade _____ Sex M/F _____

Race _____ Birth Date and Place _____

Medical Condition/Medicine Taken _____

Student Name _____ Grade _____ Sex M/F _____

Race _____ Birth Date and Place _____

Medical Condition/Medicine Taken _____

Student Name _____ Grade _____ Sex M/F _____

Race _____ Birth Date and Place _____

Medical Condition/Medicine Taken _____

Student Name _____ Grade _____ Sex M/F _____

Race _____ Birth Date and Place _____

Medical Condition/Medicine Taken _____

Parent Information

Mother's Name _____ Cell# _____

Other # _____ Email _____

Place of Employment & Phone _____

Father's Name _____ Cell# _____

Other # _____ Email _____

Place of Employment & Phone _____

Guardianship (ex. Mom/Dad) _____

Address of Primary Guardian _____

Additional Address _____

Stepmother Info _____

Stepfather Info _____

Emergency Contact Information

Name and Phone# _____

Relationship to Student _____

Name and Phone# _____

Relationship to Student _____

Babysitter Information

Name and Phone# _____

Please list any Pre-School Siblings and their birth dates:

Is there a parent/guardian in the household who is a member of the U.S. Armed Forces who is currently or expected to be deployed? ___ Yes ___ No

Will need transportation? ___ Yes ___ No

Any additional information: _____

Parent Signature _____ **Date** _____

2024-2025 Transportation Request
Please submit with your registration.

Date _____

STUDENT NAME: _____ GRADE: _____

STUDENT NAME: _____ GRADE: _____

STUDENT NAME: _____ GRADE: _____

PARENT NAME:

Home Phone:

ADDRESS:

Work Phone:

CITY, STATE ZIP:

Transportation Requested:

Your child may be picked up at one location and dropped off at a different location, morning and afternoon. Your drop off and pick up location will be for the quarter and may not be changed before the end of the quarter. We will not accept daily changes.

Morning pick up only

Both AM and PM

Afternoon drop off only

COMMENTS:

FOR OFFICE USE ONLY!

Approved

Not Approved

Transportation Director Signature: _____ Date: _____

Bus # _____: Driver: _____

Stop Location:

COPIES:

Transportation Director

Principal/Secretary

Regular Route Driver

1. All Household Members (Attach another sheet of paper if necessary.)

Check if Error Prone Application

NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	(for Student only) School Name	(for Student only) Grade	SNAP OR TANF CASE NUMBER ONLY Skip to Part 4 if you list a SNAP or TANF case number. At least one SNAP/TANF must be provided below. If you receive Medicaid and were not directly certified for free meals, you MUST apply based on household size and income.	Check if Foster Child*
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

2. Homeless, Migrant, Runaway, or Head Start (Categorically eligible)

Homeless Migrant Runaway Head Start

Signature of Your School Homeless Liaison, Migrant Coordinator, or Head Start Director _____ Date _____

3. Total Household Gross Income (before deductions) You must tell us how much and how often.

A. NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 /twice a month; \$100/every other week; \$100/week)							
	B. Earnings From Work (Before Deductions)		C. Welfare, Child Support, Alimony		D. Pensions, Retirement, Social Security		E. Worker's Comp., Unemployment, SSI, etc. (All other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
i.	\$		\$		\$		\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

4. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her social security number or mark the *I do not have a social security number* box. X X X - X X - _ _ _ _ I do not have a social security number.
Social Security Number

I certify (promise) all information on this application is true and all income is reported. I understand the school will get Federal funds based on the information I give. I understand school officials may verify (check) the information. I understand if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

_____ Date Printed Name of Adult Household Member Signature of Adult Household Member

5. Contact Information (Optional)

Work Telephone Number (Include Area Code) _____ Home Telephone Number (Include Area Code) _____ Home Address (Number, Street, City, State, ZIP Code) _____

6. Children's Racial and Ethnic Identities (Optional)

Mark one ethnic identity: Mark one or more racial identities:

Hispanic/Latino Asian Black or African American Native Hawaiian or Other Pacific Islander

Not Hispanic/Latino White American Indian or Alaska Native

– THE FOLLOWING SECTIONS ARE FOR SCHOOL USE ONLY –

INITIAL DETERMINATION

TOTAL INCOME \$ _____ Per: Week Every 2 Weeks Twice a Month Month Year NUMBER IN HOUSEHOLD: _____ CHANGE IN STATUS: _____ Date _____

LEAs must annualize income only when multiple incomes, at varying frequencies, are reported.
Annual Income Conversion Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12

Free based on:

- homeless
- migrant
- runaway
- Head Start

SNAP or TANF

- foster child
- household's income

Reduced based on:

- household's income

Denied—Reason:

- income too high
- incomplete application
- Non-qualifying SNAP/TANF

Date Withdrawn: _____

Signature of Determining Official _____ Date: _____

Dear Parent/Guardian:

Children need healthy meals to learn. _____ offers healthy meals every school day. Breakfast costs \$ _____; lunch costs \$ _____. Your children may qualify for free meals or for reduced price meals. Reduced price is \$ _____ for breakfast and \$ _____ for lunch. To apply for free or reduced-price meals, use the Household Eligibility Application, which is enclosed. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to _____.

Your child(ren) may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

Income Eligibility Guidelines
Effective from July 1, 2024 to June 30, 2025

Reduced Price Meals 185% Federal Poverty Guideline					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	27,861	2,322	1,161	1,072	536
2	37,814	3,152	1,576	1,455	728
3	47,767	3,981	1,991	1,838	919
4	57,720	4,810	2,405	2,220	1,110
5	67,673	5,640	2,820	2,603	1,302
6	77,626	6,469	3,235	2,986	1,493
7	87,579	7,299	3,650	3,369	1,685
8	97,532	8,128	4,064	3,752	1,876
For each additional family member, add	9,953	830	415	383	192

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 Household Eligibility Application for all students in your household per district. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to the school.
2. WHO CAN GET FREE MEALS? All children in households receiving benefits from Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) and/or are foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines. Children who meet the definition of homeless, runaway, or migrant also qualify for free meals. If you haven't been told your children will get free meals, please contact your school to see if your child(ren) qualifies.
3. 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 Eligibility Income Chart, shown above.
4. A MEMBER OF MY HOUSEHOLD RECEIVED SNAP OR TANF BENEFITS. THE SCHOOL SENT A LETTER STATING THAT MY CHILD IS AUTOMATICALLY APPROVED FOR FREE MEALS BASED ON DIRECT CERTIFICATION. DO I NEED TO DO ANYTHING MORE TO ENSURE THAT MY CHILD RECEIVES FREE MEALS? No. You do not need to do anything more to receive free meals for your child. If you have students not listed on the letter, contact the school immediately. If you do not wish to receive the free meals, you should follow the steps outlined in the letter from the school to notify school personnel immediately.
5. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please contact your school.
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
7. 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 the enclosed application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
10. 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 the person listed above.
11. 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 U.S. citizens to qualify for free or reduced price meals.
12. 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) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
13. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
14. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
15. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP, TANF or other assistance benefits, contact your local Department of Human Services office or call (800) 843-6154 (voice) or (800) 447-6404 (TTY).

Sincerely,

INSTRUCTIONS FOR APPLYING – COMPLETE ONE APPLICATION PER HOUSEHOLD PER SCHOOL DISTRICT

IF YOUR HOUSEHOLD RECEIVES SNAP OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

Part 1: List all household members, school and grade for each student, and a SNAP or TANF case number for any household member including adults receiving such benefits. (Attach another sheet of paper if necessary.)

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. (The last four digits of a Social Security Number are not necessary.)

Part 5 & 6: Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY OR HEAD START/EVEN START, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

Part 1: List all household members and the name of school for each child.

Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.

Part 3: Complete only if a child in your household isn't eligible under Part 2. See instructions for All Other Households.

Part 4: Sign the form. Only if part 3 is completed, please include the last four digits of a Social Security Number. (or mark the box if s/he doesn't have one).

Part 5 & 6: Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

If **all** children in the household are foster children that are the legal responsibility of a foster care agency or court:

Part 1: List all foster children and the school name for each child. Check the "Foster Child" box for each foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. The last four digits of a Social Security Number are not necessary.

Part 5 & 6: Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

If **some** of the children in the household are foster children that are the legal responsibility of a foster care agency or court:

Part 1: List all household members and the name of school for each child. Check the "Foster Child" box for each foster child.

Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.

Part 3: Follow these instructions to report total household income from this month or last month.

• **Box 1–Name:** List all household members with income.

• **Box 2 –Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

Part 5 & 6: Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

ALL OTHER HOUSEHOLDS INCLUDING MEDICAID AND WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the name of school for each child.

Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.

Part 3: Follow these instructions to report total household income from this month or last month.

• **Box 1–Name:** List all household members with income.

• **Box 2 –Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

Part 5 & 6: Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

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 you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: 1. mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or 2. fax: (833) 256-1665 or (202) 690-7442; or 3. email: program.intake@usda.gov

Mendon Community Unit School District No. 4

P.O. Box 200, 453 West Collins, Mendon IL. 62351

Unity Elementary
Shelly Sheffler, Principal
Phone: 217-936-2512
Fax: 217-936-2730

Seth Klusmeyer
Administrator - Curriculum
Instruction & Assessment
Phone 217-936-2111

Unity High/Middle School
Josh Arnsnsman, Principal
Phone 217-936-2116
Fax 217-936-2117

Board of Education
Scott D. Riddle, Superintendent
Phone 217-936-2111
Fax: 217-936-2643

REQUEST FOR WAIVER OF STUDENT FEES FOR 2024-2025 SCHOOL YEAR

Today's Date _____

Parent/Guardian Name _____

Address _____

Phone Number _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

I request that all applicable school fees be waived. I understand that this waiver does not include driver's education, locker fees, sports fees, activities, library fines, charges for loss, misuse or damage to school property, charges for class rings, yearbooks, pictures, diploma covers or similar items, optional travel expenses or charges for admission to school events.

Please check the option that fits your situation and attach copies of any pertinent documents supporting or providing evidence of the claim. You will be notified of the district's decision within 30 days of receipt.

___1. The student(s) named above is/are currently receiving aid under Article IV of the Illinois Public Aid Code (Aid to Families with Dependent Children).

___2. The student(s) named above is/are currently eligible for Free/Reduced lunches pursuant to current Federal and State guidelines.

___3. My family is currently eligible under the guidelines of family aid income levels prescribed by the Secretary of Agriculture.

___4. My family is currently experiencing extenuating circumstances such as very significant loss of income due to severe illness or injury in the family or unusual expenses due to fire, flood, storm or other catastrophe.

Parent/Guardian Signature _____

Office Use Only

Date Received _____

___ All applicable fees waived. ___ All applicable fees waived by 50%.

___ Waiver denied. Reason _____

School Official Signature _____ Title _____

COMMUNITY UNIT SCHOOL DISTRICT #4

STUDENT WELFARE (ADMINISTERING MEDICATION TO STUDENTS)

Medication required by a student shall generally not be administered at school by a district employee. This policy includes both common and widely used over-the-counter medications such as Tylenol, cough syrup, Advil, etc. as well as prescription drugs.

However, students recovering from temporary illness or students on permanent medication who require medication during the school day may have medication at school following these guidelines.

1. The parent/guardian shall personally deliver the medication to be administered to the building principal.
2. A medication authorization form signed by a doctor and parent will be delivered to school with the medication.
3. Medication shall be brought to school in the original, secured and properly labeled containers. The name of student, physician, and pharmacy with phone numbers will be on the container.
4. Medication shall be administered by an Administrator or their Designee.

Should a student require a continuing program of medication, and it can be demonstrated that the student is of responsible age, arrangements may be made for self-administration of the medicine. This procedure shall be allowed after the following conditions have been met:

- A written release of liability from the parent/guardian (**forms available at all Principal's Offices**).
- Written permission from an administrator.
- Medication authorization form **signed by parent and doctor**.

All medicines will be stored in locked cabinets – all controlled drugs will be double locked. In all cases, the school retains the discretion to reject a request for administering medicine. Except as permitted, in accordance with this policy, no medication shall be used or possessed by students on school grounds.

Authorization for the Administration of Medication C.U.S.D. #4, Mendon, Illinois

Student Name: _____ Date of Birth: _____
Address: _____ City: _____ Phone: _____
School: _____ Teacher and Grade: _____

PHYSICIAN'S STATEMENT (to be completed by Doctor)

1. Name/Type of Medication:

2. Dosage/Amount to be Given:

3. Frequency/Times to be Administered:

Student Self Administration: (Circle One) YES NO

4. Durations (Weeks, Month, Indefinite, Etc.):

5. Anticipated Reaction to Medication: (Symptoms, side effects, etc.)

6. Diagnosis:

7. Other Medication Student is Taking:

PHYSICIAN'S SIGNATURE:

DATE:

PHYSICIAN'S ADDRESS:

PHYSICIAN'S PHONE:

PARENT'S REQUEST/APPROVAL: I hereby request and give my permission for the above named school to administer the medication prescribed on this form to my child, and thereby release the school from any liability

PARENT'S SIGNATURE:

DATE: