

Bluestem Jr/Sr High School Enrollment

First Name:	Middle:	Last Name:	Gender:
Preferred Name:	Grade:	Birth Place:	DOB:
Hispanic/Latino? Yes No (circle one)	Race:	Home Lang.:	
Access Internet?	SSN:	Email:	

Primary Household (Student Resides at)

Mailing:			Street:
City:	State:	Zip:	Phone:

Information for adults living at the above address.

Name:	Relationship:	Employer:
Work #	Cell #	POL Account:
Email:	Wk Email:	Receive Printed Mailings:
Name:	Relationship:	Employer:
Work #	Cell #	POL Account:
Email:	Wk Email:	Receive Printed Mailings:

ALTERNATE HOUSEHOLD (Non Custodial)

Mailing:			Street:
City:	State:	Zip:	Phone:

Information for adults living at the above address.

Name:	Relationship:	Employer:
Work #	Cell #	POL Account:
Email:	Wk Email:	Receive Printed Mailings:
Name:	Relationship:	Employer:
Work #	Cell #	POL Account:
Email:	Wk Email:	Receive Printed Mailings:

ALTERNATE HOUSEHOLD (Non Custodial)

Mailing:			Street:
City:	State:	Zip:	Phone:

Information for adults living at the above address.

Name:	Relationship:	Employer:
Work #	Cell #	POL Account:
Email:	Wk Email:	Receive Printed Mailings:
Name:	Relationship:	Employer:
Work #	Cell #	POL Account:
Email:	Wk Email:	Receive Printed Mailings:

Emergency Contacts: Enter additional contacts not listed above.

Name:	Relationship:	Email:
Home #	Work #	Cell #
Name:	Relationship:	Email:
Home #	Work #	Cell #
Name:	Relationship:	Email:
Home #	Work #	Cell #

Emergency Medical Information

Physician:	Phone:	Hospital:
Medical Notes:		

Daycare information (if applicable)

Provider:	Phone:
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SIBLINGS (other students living at same address)

First Name	Middle Name	Last Name	Grade	Birthdate	School Name

I acknowledge that if at any time during the school year there is reason to suspect that my child is no longer residing in the district, I may be asked to submit verification of legal residence and/or asked to return to the district in which I reside.

Completed By: _____ Signature: _____ Date: _____

BLUESTEM USD #205 NETWORK USER AGREEMENT

The Board supports the right of students, employees and community members to have reasonable access to various information formats and believes it is incumbent upon students, employees and community members to utilize this privilege in an appropriate and reasonable manner.

The use of electronic networks shall be consistent with the District's goal of promoting educational excellence by facilitating resource sharing, innovation, and communication.

Acceptable Use: Access to the District's electronic networks must be **a)** legal, considerate, responsible and ethical; **b)** for the purpose of education or research and consistent with the educational objectives of the District; or **c)** for legitimate school business use.

Privilege: The use of the District's electronic networks is a privilege, not a right, and inappropriate use may result in disciplinary measures including cancellation of network privileges. The building administrator, in consultation with the system administrator, will make all decisions regarding whether or not a user has violated the network privileges and may deny, revoke or suspend access at any time.

Electronic Communication and Storage: The District's network communication tools (email, chat, texting, blogs, wikis, storage folders, etc.) are owned and controlled by the District. The District reserves the right to access and disclose the contents of any account on its system without prior notice or permission from the account user. The District will not be responsible for any damages the user suffers due to loss of data, missed deliveries, etc. The District specifically denies any responsibility for the accuracy or quality of information obtained through its services.

Staff Responsibilities: Staff members shall supervise students while using District network tools to ensure that the students abide by the Acceptable Use Policy.

Prohibited Material: May not be accessed by students or staff at any time, for any purpose. This material includes material that is obscene, child pornography, material that appeals to a prurient or unhealthy interest in, or depicts or describes in a patently offensive way, violence, nudity, sex, death, or bodily functions, material that has been designated for "adults" only, material that promotes or advocates illegal activity or material that is considered harmful to minors, as defined by the Children's Internet Protection Act.

Restricted Material: May not be accessed by elementary students at any time for any purpose. Restricted material may be accessed by middle school or high school students in the context of specific learning activities that have been approved by teachers or by staff for legitimate research or professional development purposes. Materials that may arguably fall within the description provided for prohibited material that may have clear educational relevance, such as material with literary, artistic, political, or scientific value, will be considered to be restricted. In addition restricted material includes materials that promote or advocate the use of drugs, alcohol and tobacco, hate and discrimination, satanic and cult group membership, school cheating, and weapons. Sites that contain "personals" advertisements or facilitate making online connections with other people are restricted unless the school administrator has specifically approved such sites.

Limited Access Material: Is generally considered to be non-educational or entertainment. Limited Access Material may be accessed in the context of specific learning activities that are directed by a teacher. Limited Access Material includes such material as electronic commerce, games, jokes, recreation, entertainment, sports and investments.

USER AGREEMENT AND PARENT PERMISSION:

The student / employee agrees to comply with the district's acceptable use policy and (if student is a minor) the parent or guardian grants permission for their child to access networked computer services including the Internet.

Student / Employee Signature _____ Date _____

Parent Signature _____ Date _____

Bluestem Over the Counter Medication Form

Student's Name: _____ Building: BHS____ BMS____ BES____

Teacher: _____ Grade: _____

has permission to take:

- _____ Tylenol for fever or discomfort (dosage by weight or age),
 - _____ Ibuprofen for fever or discomfort (dosage by weight or age),
 - _____ Tums or antacids for stomach aches (dosage by age),
 - _____ Hydrocortisone cream for rash/itching,
 - _____ or other over the counter medication _____.
- (supplied by parent only)**

Medication will be administered under the discretion of the school nurse or a designated school personnel during this current school year. I further understand that any school employee who administers any drug to my child shall not be liable for damages as a result of an adverse drug reaction suffered by the student because of administering such drug.

Signature

Date

Request for **Prescribed Medication** to be Administered During School Attendance

Name of Student _____

School _____ Grade _____

Teacher _____

Medication _____ Dosage _____

Date Medication Started _____ Reason for RX _____

Time of day medication to be given _____

Anticipated number of days to be administered at school _____

Date

Physician's Signature

I hereby give my permission for _____ to take the
(student)
above prescription at school as ordered. I understand that it is my responsibility to furnish this medication. I further understand that any school employee who administers any drug to my student in accordance with written instructions from the physician or dentist shall not be liable for damages as a result of an adverse drug reaction suffered by the student because of administering such drug.

Date

Signature of Parent or Guardian

NOTE: The medication is to be brought to school in the original container, appropriately labeled by the pharmacy or physician, stating the name of the medication, the dosage and number of days to be administered at school.

It is the request of the school nurse that any medication prescribed to be given 3 times a day should be given in the morning, after school, and at bedtime unless specific times are given by the physician requiring the medication be given during the school hours.

2011-2012 Application for Child Nutrition Program Benefits

Important! Important! Carefully follow instructions. An incomplete application cannot be approved. Complete one application per household. Return completed application to school.

A. HOUSEHOLD MEMBERS						C. TOTAL HOUSEHOLD GROSS INCOME BEFORE ANY DEDUCTIONS				
List Names of ALL Household Members		Complete these columns ONLY for Students Enrolled in <Enter Sponsor's Name.>		Check if a Foster Child. Skip to Part D to sign this form if ALL are Foster Children.	Check if ZERO Income	Frequency: Circle ONE next to each income amount: W=Weekly, E2=Every 2 Weeks, 2M=Twice a Month, M=Monthly, Y=Yearly				Check if TEMPORARILY NOT working due to strike, lay off, injury or short-term disability.
First Name	Last Name	School Name (or "NA" if child is not in school)	Grade			Earnings from Work		Other Regular Income		
						Amount	Select Frequency	Amount	Select Frequency	
1.				<input type="checkbox"/>	<input type="checkbox"/>		W E2 2M M Y		W E2 2M M Y	<input type="checkbox"/>
2.				<input type="checkbox"/>	<input type="checkbox"/>		W E2 2M M Y		W E2 2M M Y	<input type="checkbox"/>
3.				<input type="checkbox"/>	<input type="checkbox"/>		W E2 2M M Y		W E2 2M M Y	<input type="checkbox"/>
4.				<input type="checkbox"/>	<input type="checkbox"/>		W E2 2M M Y		W E2 2M M Y	<input type="checkbox"/>
5.				<input type="checkbox"/>	<input type="checkbox"/>		W E2 2M M Y		W E2 2M M Y	<input type="checkbox"/>
6.				<input type="checkbox"/>	<input type="checkbox"/>		W E2 2M M Y		W E2 2M M Y	<input type="checkbox"/>
7.				<input type="checkbox"/>	<input type="checkbox"/>		W E2 2M M Y		W E2 2M M Y	<input type="checkbox"/>
8.				<input type="checkbox"/>	<input type="checkbox"/>		W E2 2M M Y		W E2 2M M Y	<input type="checkbox"/>

B. BENEFITS - If any member of your household receives Food Assistance, TAF or FDPIR, provide the name and case number for the person who receives benefits and skip to Part D. If no one receives these benefits, go to Part C.

Name: _____ Case Number: _____

D. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER - An adult household member must sign the application. IF PART C IS COMPLETED, the adult signing the form also must list the last four digits of his or her Social Security Number (SSN) or mark the "I do not have a SSN" box. (See Privacy Act Statement on the reverse side of this application.)

Print Name: _____ Daytime Phone: _____ Evening Phone: _____

Address, City, State, Zip: _____ Email: _____

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive Federal and State funds based on the information I give; school officials may verify the information; and if I purposely give false information, my child (ren) may lose meal benefits and I may be prosecuted under applicable Federal and State criminal statutes.

Sign Here X _____ Date: _____ Last four digits of SSN: ***-**-_____ OR I do not have a SSN

FOR SCHOOL USE ONLY. DO NOT WRITE BELOW.

Application Type (check one)

- Total Household Income: \$ _____ Household Size: _____
 Household's Income Frequency – Circle ONE: W E2 2M M Y Multiple=Yearly
 Food Assistance or TAF or FDPIR
 Foster Child

Application Status

- Approved..... Free OR Reduced Price
 Temporarily Approved... Free OR Reduced Price Expires On: _____
 Denied Income over allowed amount Incomplete/missing:
 Notes: _____

Determining Official's Signature: _____

Approval/Denial Date: _____

Notification Date: _____

Processor's Initials: _____

Confirming Official's Signature (ONLY for applications to be verified): _____

Review Date: _____

Your children may qualify for reduced price or free meals if your household income falls within the limits on this chart.

Federal Income Eligibility Guidelines					
Household size	Yearly	Monthly	Twice a Month	Every 2 Weeks	Weekly
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
Each additional person:	7,067	589	295	272	136

Income from Self Employment: Self-employed persons may use income tax records for the preceding calendar year as a base to project the current year's net income, unless the current monthly income provides a more accurate measure. Report income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as interest on home payments, medical expenses, and other similar non-business deductions are not allowed in reducing gross business income. Additional income from other kinds of employment must be treated as separate and apart from the income generated or lost from your business venture. For example, if you operated a business at a net loss, but held additional employment for which a salary was received, the income for purposes of applying for reduced price or free meals would be the income from the salary only. The loss from the business cannot be deducted from a positive income earned in other employment. For purposes of this application, it is not possible to report a negative income from any business venture. The least income possible is zero (no income). The necessary information for arriving at allowable income from private business operation may be taken from your most recent U.S. Individual Income Tax Return - Form 1040. Add together the amounts reported on the following lines:

LINE 12	\$ _____	Business Income or (Loss)
LINE 13	\$ _____	Capital Gain or (Loss)
LINE 14	\$ _____	Other Gains or (Losses)
LINE 17	\$ _____	Rental real estate, royalties, partnerships, S corporations, trusts, etc.
LINE 18	\$ _____	Farm Income or (Loss)
TOTAL	\$ _____	Report yearly income in Part 1, Gross Income Before Any Deductions.

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 reduced price or free 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 Food Assistance, Temporary Assistance for Families (TAF) 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 reduced price or free 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.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. 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 to *USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

USD 205 Bluestem Public Schools

Dear Parent/Guardian:

Your child may be eligible to receive healthy school meals at a reduced price or free. Following are questions and answers about who is eligible and how to apply.

Meal Charges	Elementary		Middle or Jr. High		High School	
	Full Price	Reduced Price	Full Price	Reduced Price	Full Price	Reduced Price
<input checked="" type="checkbox"/> Lunch	1.90	.40	2.15	.40	2.15	.40
<input checked="" type="checkbox"/> Breakfast	1.30	.30	1.30	.30	1.30	.30
<input type="checkbox"/> After School Snack	N/A	N/A	N/A	N/A	N/A	N/A

1. **Do I need to fill out an application for each child?** Use one application for all students in your household. Enter all required information and return the completed application to: **Administrator at your students attending school.**
2. **Who can get free meals?** Students in households getting Food Assistance, Temporary Assistance for Families (TAF), or Food Distribution Program on Indian Reservations (FDPIR), can get free meals regardless of your income. Also, students in your household can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines.
3. **Can foster children get free meals?** Yes, foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals, regardless of income.
4. **Can a homeless, runaway or migrant student get free meals?** If you have not been informed that the student will get free meals, please contact the school's Homeless Liaison or Migrant Coordinator: **Randi Rivers-316-742-3261.**
5. **Who can get reduced price meals?** Students in your household can get reduced price meals if your household income is within the reduced price limits on the Federal Income Eligibility Guidelines (see chart on the back of the application form).
6. **Should I fill out an application if I received a letter this school year saying my children are approved for free meals?** Please read the letter carefully and follow the instructions. If you have questions, contact the Determining Official: **Administrator at your students attending school--BES 316-742-3291 or JR/SR-BS 316-742-3281**
7. **My child's application was approved last year. Do I need to fill out another one?** Unless the school told you that your child is approved for the new school year, you must send in a new application.
8. **I get WIC. Can my child(ren) get free meals?** Students in households participating in WIC may be eligible for reduced price or free meals. Please fill out an application.
9. **Will the information I give be checked?** Yes, we may ask you to send written proof.
10. **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.
11. **What if I disagree with the school's decision about my application?** Talk to the Determining Official. You may also request a hearing by contacting the Hearing Official: **Randi Rivers, 316-742-3281.**
12. **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 reduced price or free meals.
13. **Who should I include as members of my household?** Include yourself, all children (including foster children) who live with you and all people living in your household, related or not (such as grandparents, other relatives, or friends).
14. **What if my gross income is not always the same?** List the amount that you normally get. For example, if your normal gross income is \$1,000 each month, but you missed some work last month and only got \$900, put down that you get \$1,000 per month. If you normally get overtime, include it, but only if you regularly work overtime.
15. **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.
16. **My spouse is deployed in a combat zone. Is his/her combat pay counted as income?** Combat pay is not counted as income if it is received in addition to basic pay and it wasn't received before deployment.
17. **My family needs more help. Are there other programs for which we can apply?** Contact the Kansas Department of Social and Rehabilitation Services at 1-888-369-4777 or visit www.srs.ks.gov.

If you have other questions or need help, call: 316-742-3261

Si necesita ayuda, por favor llame al teléfono: 316-742-3261

Si vous voudriez d'aide, contactez nous au numero: 316-742-3261

For USDA's translated materials, go to <http://www.fns.usda.gov/cnd/FRP/frp.process.htm>.

For KSDE's Spanish translations, go to http://www.kn-eat.org/SNP/SNP_Menus/SNP_Admin_Foreign_Language_Translations.htm.

How to Apply for Reduced Price or Free School Meals

If your household gets Food Assistance, TAF or FDPIR, follow these instructions:

Part A: Enter the following information:

- Each household member's first and last name.
- Each student's school and grade.

Part B: List the case number for any household member (including adults) receiving Food Assistance, TAF or FDPIR benefits. A Medicaid number cannot be accepted.

Part C: Skip this part.

Part D: Sign and date the form. The last four digits of a Social Security number are **not** necessary.

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

If all children in the household are foster children:

Part A: List all foster children and the school name and grade for each child. Check the box indicating the child is a foster child.

Part B: Skip this part.

Part C: Skip this part.

Part D: Sign and date the form. The last four digits of a Social Security number are **not** necessary.

If some of the children in the household are foster children:

Part A: List **all** household members including foster child(ren).

- Check the box if the child is a foster child.
- Follow procedures below for All Other Households.

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

Part A: List **all** household members living in your household, related or not (such as grandparents, other relatives, or friends) and the name of each student's school and grade. For any person, including children, with no income, you must check the "Zero Income" box. Attach another sheet of paper if more space is needed.

Part B: If the household does not have a case number, skip this part.

Part C: Report the GROSS income for all household members from last month. Gross income is the amount earned BEFORE taxes and any other deductions. This is NOT the same as take-home pay. The gross amount should be listed on the pay stub.

- List the **gross income** each household member earned from work and circle the Frequency code that shows how often the income is received.
- List the amount the person got last month from other income including welfare, child support, alimony, retirement pensions, Social Security, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Circle the Frequency code that shows how often the income is received.
- If the household has **income from self-employment** (such as from a self-owned business, farm or rental income), report net income in the Earnings from Work columns. See the back side of the application form for instructions on reporting self-employment income.
- If the household is in the **Military Housing Privatization Initiative** or gets combat pay, do NOT include these allowances as income.
- Check the box if this person is temporarily not working due to strike, lay-off, injury or short-term disability.

Part D: An adult household member must sign and date the form and list the last four digits of their Social Security number or check the box if s/he does not have one.