

## WHITESIDE SCHOOL DISTRICT 115

111 Warrior Way  
Belleville, Illinois 62221

Telephone 618 239-0000  
Middle School Fax 618 239-9240  
Elementary School Fax 618.233-7931

<http://www.wssd115.org>

**Mark Heuring**  
Superintendent

**Monica Laurent**  
Middle School Principal

**Jaime Cotto**  
Middle School Assistant Principal

**Nathan Rakers**  
Elementary Principal

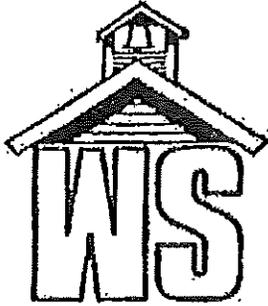
**Kim Bossler**  
Elementary Assistant Principal

## Documents Needed for New Student Registration

2025-2026 Required Documents
<b>Certified Birth Certificate</b>
<i>*if applicable Most Recent Custody Documents</i>
<b>Proofs of Residency</b>
<i>*Mortgage Statement/ Closing documents/ Property Tax or Lease Agreement AND Occupancy Permit</i>
<i>*Two Current Utility Bills</i>
<b>Most Recent Physical and Immunization Records</b>
<i>*Students coming from out of state need to have a Physical on the IL. Certified Form</i>

Call Whiteside School Office with any questions  
618-239-0000.





## WHITESIDE SCHOOL DISTRICT 115

111 Warrior Way  
Belleville, Illinois 62221

Telephone 618 239-0000  
Middle School Fax 618 239-9240  
Elementary School Fax 618 233-7931

<http://www.wssd115.org>

**Mark Heuring**  
Superintendent

**Monica Laurent**  
Middle School Principal

**Jaime Cotto**  
Middle School Assistant Principal

**Nathan Rakers**  
Elementary Principal

**Kim Bossler**  
Elementary Assistant Principal

## SCHOOL FEES

2025-2026 School Year

The School Board may establish fees and charges to fund certain school activities. It is recognized that some students will be unable to pay these fees. Consequently, students shall not be denied educational services or academic credit due to the inability of parents or guardians to pay fees.

Whiteside School District's textbook & materials fees are currently as stated below

2025-2026 Registration Fees	
Registration: Early Childhood, Kindergarten, 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, & 8th	\$80.00
<i>*Reduced Lunch Registration (upon approval of Household Eligibility Application)</i>	\$26.40
Tech Fee: Early Childhood, Kindergarten, 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, & 8th	\$20.00
Late Fee (as of 10-1-25)	\$10.00
Classroom Fees	
Band Course Fee (not considered an activity fee)	\$25.00

Registration, Tech, and Band Participation Fees should be paid at Registration in July/August. Fees MUST be paid in full by October 1, 2025. Fees not paid by the deadline will be charged a \$10.00 Late Fee. Fees for students enrolling *after* the first day of school are due at the time of registration. ALL FEES ARE SUBJECT TO CHANGE.

**Note: All fees must be paid in full prior to Middle School Sports Try-outs.**

Students whose parents are unable to afford student fees may receive a waiver of some of the fees based upon approval of a completed Household Eligibility Application. However, these students are not exempt from charges for lost and damaged books, locks, materials, supplies and equipment.



# WHITESIDE SCHOOL 2025-2026 SUPPLY LIST

## KINDERGARTEN

- 1 book bag - No wheels (Mark with Name)
- 1 plastic school supply box (8" x 5") (Mark with Name)
- 1 pair FISKARS brand student scissors (Mark with Name)
- 4 boxes Crayola Crayons (24 count) (used to replenish during the year)
- 2 boxes Crayola Markers (Classic Colors) NO Thin markers
- 1 set Crayola Watercolor paints
- 24 Elmer's glue sticks
- 1 spiral single subject notebook (wide rule)
- 1 large pink eraser
- 4 dry erase markers - black
- 24 plain yellow #2 pencils - Sharpened
- 3 pkgs baby wipes (1 for computers)
- 3 boxes Kleenex 200 ct. (1 is for Library)
- 1 bottle hand sanitizer
- 2 containers Clorox Wipes
- 1 roll paper towels
- 1 package of Napkins
- 1 box of gallon size Zip-Loc bags
- 1 box of sandwich size Zip-Loc bags (Girls Only)
- 1 box of quart size Zip-Loc bags (Boys Only)

Optional Kindergarten Items

Play dough  
Bingo daubers - any color  
Dot stickers - any color

## GRADE 1

- 1 pair FISKARS brand scissors (metal blade) (Mark with Name)
- 20 Elmer's glue sticks
- 2 boxes Crayola Markers: thick tip, classic colors
- 2 boxes Crayola Crayons (24 count.)
- 1 pkg twistable Crayola Crayons (10 count)
- 30 plain yellow #2 pencils - Sharpened
- 2 pink erasers
- 3 boxes Kleenex 200 ct.
- 2 spiral single subject notebooks (wide rule) (Mark with Name)
- 2 2-pocket folders --Five Star Brand (thick coated cardboard) (Mark with Name)
- 1 Spacemaker School box (plastic cigar box size) (Mark with name)
- 1 large roll paper towels
- 1 package of baby wipes (for Library)
- 1 package of baby wipes or Wet Ones (Girls Only)
- 1 package of Lysol or Clorox wipes (Boys Only)
- 1 box of quart size Zip-Loc bags (Girls Only)
- 1 box of gallon size Zip-Loc bags (Boys Only)
- dry erase markers
- bottle Germ-X
- red plastic 3-prong folder
- blue plastic 3-prong folder
- 10 pack clear page protectors
- headphones, wired - no earbuds (Mark with Name)

## GRADE 2

- 1 #2 pencils (Ticonderoga recommended) - please sharpen
- 2 boxes Crayola Crayons (24 ct.) leave in original box
- 10 ct. box Crayola Markers (classic colors, thick tip) leave in original box
- 1 pair FISKARS brand pointed school scissors (student size)
- 2 boxes Kleenex tissue 200 ct.
- 1 large roll paper towels or napkins
- 1 pink or white erasers
- 1 pkg Pencil top erasers
- 1 Large Elmer's glue sticks
- 2-pocket plastic folders (red, yellow, green, and blue or black)
- 2-pocket paper folders
- 1 pack Loose leaf notebook paper (wide rule)
- 1 Zipper Pencil Bag (preferred 9.6" x 7.6")
- 1 box unscented wipes (Boys Only)
- 1 bottle hand sanitizer (Boys Only)
- 1 container Clorox Wipes (Girls Only)
- 1 pkg 9" paper plates (Girls Only)
- 1 sharpie highlighters
- 1 dry erase markers
- 1 headphones, wired - no earbuds (Mark with Name)

1 box Kleenex or 1 bottle hand sanitizer (Computers)  
2 Black Sharpies (Art)

## GRADE 3

- 1 box Crayola crayons (24 ct. only)
- 1 pair FISKARS brand pointed school scissors (student size)
- 4 boxes Kleenex 200 ct.
- 5 Elmer's glue sticks
- 2 pink erasers
- 4 dozen #2 pencils -- SHARPENED please!!
- 1 compact pencil sharpener
- 1 Spacemaker pencil box (no larger than 9" x 5")
- 8 Dry Erase Markers
- 1 box Crayola markers
- 1 box Crayola colored pencils
- 1 12" wooden ruler (Inches & centimeters)
- 2 spiral single subject notebooks (wide rule)
- 3 double-pocket plastic folders
- 1 container of Clorox wipes
- Pencil for Music
- 2 large rolls of paper towels (1 is for Library)
- 1 box of quart size Zip-Loc bags (Boys Only)
- 1 box of gallon size Zip-Loc bags (Girls Only)
- Earbuds / Headphones
- Reusable Water Bottle

## GRADE 4

- 3 EXPO dry erase markers
- 48 #2 pencils (Ticonderoga recommended) - please sharpen
- 1 pink eraser
- 1 hand held pencil sharpener
- 1 box Crayola crayons (24 ct.)
- 1 box Crayola markers - classic colors (water colors - not permanent)
- 2 boxes Crayola colored pencils (12 ct.)
- 1 pair FISKARS brand pointed school scissors
- 8 Elmer's glue sticks
- 5 plastic folders with prongs (one must be red)
- 1 non flexible ruler (inches and centimeters)
- 1 small zipper pencil case
- 2 highlighters (two different colors)
- 1 package wide ruled notebook paper - unopened
- 4 1-subject SPIRAL notebooks
- 1 black sharpie marker
- Earbuds (cheap)
- 1 bottle Elmer's white glue
- 1 pack index cards
- 1 box of quart size freezer bags (Girls Only)
- 1 box of gallon size freezer bags (Boys Only)
- 1 container Clorox Wipes
- 3 boxes Kleenex 200 ct.
- 2 rolls paper towels

## ART ROOM NEEDS:

Glue Sticks, Baby Wipes, Pink Erasers, Black Sharpies, Kleenex, Crayola Markers (10 ct Classic colors),

## COMPUTER ROOM NEEDS:

Kleenex, Hand Sanitizer

## MUSIC ROOM NEEDS:

Kleenex, Crayola Colored Pencils, Crayola Crayons

## LIBRARY NEEDS:

Hand Sanitizer, Paper Towels, Baby Wipes

# WHITESIDE SCHOOL 2025-2026 SUPPLY LIST

**\*\*NO Birthday Treats are to be sent to school to be handed out in the classrooms or the lunchroom\*\***

## GRADE 5

- 3 large boxes of Kleenex (2-Homeroom/1-Specials)
- 2 rolls of paper towels
- 1 package loose leaf paper (wide rule)
- 8 spiral notebooks-wide rule (black, yellow, green, red, blue, purple, + 3 more any color – DO NOT LABEL)
- 1 package note cards
- 1 pair of scissors (blunt-tip)
- 10 2-pocket 3-prong folders (black, yellow, green, red, grey, blue, purple, + 3 more any color/design) DO NOT LABEL
- 2 black sharpies (fine point)
- 3 dozen #2 pencils
- 1 pink eraser & 1 pkg. eraser heads
- 1 10 pack of red pens
- 1 box of crayons
- 1 box of markers
- 1 package colored pencils
- 1 multi-colored highlighters
- 1 EXPO markers
- 3 glue sticks
- 3 Scotch tape
- 1 dictionary (Webster's paperback)
- 1 book bag
- 1 zippered pencil bag
- 1 package post-it notes
- 1 see-through 12" ruler (inches & cm.)
- 2 Hand held pencil sharpeners w/cover (manual)
- 1 Tubs Disinfecting wipes
- 2 pr. Earbuds with traditional jack (no Bluetooth) – 1 for classroom & 1 for computers
- 1 box Gallon Baggies (Boys)
- 1 Box Sandwich Baggies (Girls)

## GRADE 6

- 3 boxes of Kleenex
- roll of paper towels
- Clorox Wipes
- hand sanitizer
- trapper keeper with dividers
- 1 single subject spiral notebooks
- 1 Composition notebooks
- 1 package loose leaf paper
- 2-pocket folders
- 1 pkg. 3" x 5" index cards
- pack dry erase markers
- pencil bag
- roll of clear tape
- 8+ Pencils with erasers
- pkg. mechanical pencils
- erasers
- box sandwich bags
- handheld pencil sharpener
- pkg. black or blue ballpoint pens
- red pens
- pkg. multi-colored highlighters
- pkg. colored pencils
- pkg. markers
- glue sticks
- pr. Earbuds with traditional jack (no Bluetooth)

## GRADE 7

- 5 boxes of Kleenex
- 3 rolls of paper towels (Science)
- 1 bottle of hand sanitizer
- 1 zippered trapper keeper or 2" 3 Ring Binder
- 4 100-page wide ruled composition notebooks (2-Science, 1-Lit & Comp)
- 2 spiral notebooks - 1 subject (Math)
- 1-300ct. pkg. 3" x 5" index cards (Science & Comp)
- 3 pocket folders with holes (trapper keeper organization)
- 1 pencil bag
- 1 hand held sharpener
- 24+ Wooden Pencils with erasers
- Mechanical Pencils or Pens (if desired, not collected)
- 1 pkg. colored pencils
- 1 pkg 4 color highlighters
- Simple 4 function calculator (non-scientific)
- 8 glue sticks (6 will be collected)
- 2 Sharpie markers
- 1 pr. Earbuds with traditional jack (no Bluetooth) (for classroom)

## GRADE 8

- 4 boxes of tissues for homeroom
- 3 tub Clorox wipes
- 2 rolls of paper towels (Science)
- 3 packages loose leaf paper- college rule (Composition needs 1)
- 1 composition notebook (Science)
- 5 2-pocket folders
- 1 pencil bag
- 1 Binder / Trapper Keeper for organization
- 1 1.5 inch Binder (Math)
- 1 set of Binder Tabs (Math)
- 1 pkg. graph paper (Math)
- 5 packs 3x5" index cards (Composition needs 3)
- 1 solar scientific calculator with fraction capability (TI-30XA or equivalent)
- 2 pkgs. Colored pencils (Science)
- 2 pkgs. Fine tip markers (Literature)
- Black and Blue pens
- Mechanical pencils with extra lead
- Highlighters
- 2 dry erase markers (Math)
- Erasers
- 12 glue sticks (Science)
- 2 pr. Earbuds with traditional jack (no Bluetooth) – 1 for classroom & 1 for computers

## 6-8 BAND STUDENTS

- 1 black binder, 1 inch
- 1 pkg clear page protectors

## 6-8 ART STUDENTS

- 6th Gr: Pocket Folder
- 7th & 8th Gr: Unlined sketchbook 8 ½ x 11 or 9 x 12, spiral or book bound.

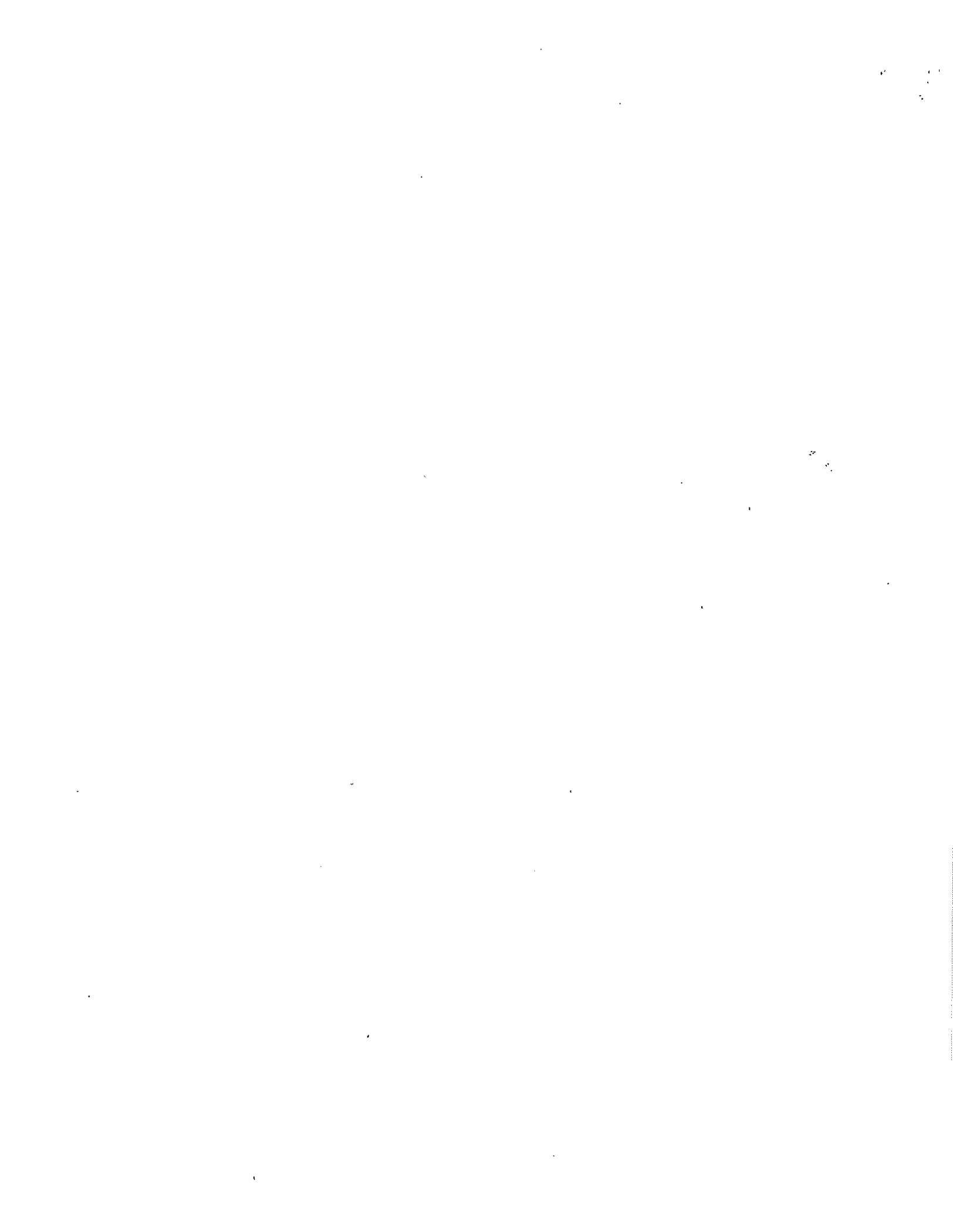
Students in 6th, 7th, and 8th Grade MUST purchase a P.E. uniform from Whiteside School. They must also have a pair of white socks and tennis shoes for P.E. class. Students will put their names on their uniform with permanent marker the first week of school. Black sweatpants and a gray sweatshirt may be worn as weather conditions warrant.

Please put names on all supplies including book bag, lunch box, jackets, hats, or anything that could get lost.

ALL GRADE LEVELS MUST HAVE CLEAN TENNIS SHOES WITH SHOESTRINGS FOR P.E.

Whiteside School District #115  
2025-2026 School Calendar

August	12	Teacher Institute - <u>No Student Attendance</u> Elementary Open House - TBD
	13	Teacher Institute - <u>No Student Attendance</u> Middle School Open House - TBD
	14	First Day of Class - Full day ( <u>Kindergarten - Only Last names A-K attend</u> ) (8:15 am - 2:45 pm - Middle School / 8:30 am - 3:00 pm Elementary School)
	15	<u>Kindergarten - Only Last names L-Z attend</u>
	20	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
September	1	Labor Day - <u>No School</u>
	3	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
	17	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
October	1	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
	9	End of 1st Quarter
	10	Teacher Institute - <u>No Student Attendance</u>
	13	Columbus Day - <u>No School</u>
	15	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
	21	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School) Parent-Teacher Conferences 4:00 pm - 7:30 pm
	23	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School) Parent-Teacher Conferences 4:00 pm - 7:30 pm
	24	Teacher Conference Day - <u>No School</u>
November	5	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
	10	<u>No School</u>
	11	<u>No School</u> - Veterans' Day Observation
	19	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
	26 - 28	Thanksgiving Break - <u>No School</u>
December	3	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
	17	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
	19	End of 2nd Quarter
	22	First Day of Winter Break - <u>No School</u>
January	5	Teacher Institute - <u>No School</u>
	6	School Resumes
	7	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
	19	Dr. Martin Luther King, Jr. Day - <u>No School</u>
	21	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
February	4	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
	16	Presidents' Day - <u>No School</u>
	18	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
	27	End of 3rd Quarter
March	3	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School) Parent-Teacher Conferences 4:00 pm - 7:30 pm
	4	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
	5	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School) Parent-Teacher Conferences 4:00 pm - 7:30 pm
	6	Teacher Conference Day - <u>No School</u>
	18	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
April	1	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
	2 - 6	<u>No School</u> - Spring Break
	15	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
May	6	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
	20	End of 4th Quarter Last Day of attendance IF no emergency days used 11:15 Dismissal - Middle School / 11:30 Dismissal Elementary School (no lunch)
	28	Last Day of attendance IF 5 emergency days used 11:15 Dismissal - Middle School / 11:30 Dismissal Elementary School (no lunch)





WHITESIDE SCHOOL DISTRICT 115  
111 Warrior Way  
Belleville, Illinois 62221

Telephone 618 239-0000  
Middle School Fax 618 239-9240  
Elementary School Fax 618 233-7931  
<http://www.wssd115.org>

## SCHOOL PHYSICAL & IMMUNIZATION REQUIREMENTS – 2025-2026

All students must be up to date with physical and immunizations by the start of school.

Students will NOT be able to attend school until ALL required health information is on file.

It is not too early to begin scheduling physical and immunization appointments.

- Physical - The Health History portion is a requirement and must be completed by parent or guardian.
- Immunizations
- Dental
- Vision

### Requirements by Grade:

#### Preschool Students

- Physical Exam on Illinois Form
- Complete Immunization Record
- (4) DTaP, (3) Polio, (4) Hib, (3) Hep B, (1) MMR, (1) C.pox, (4) Pneumococcal

#### Kindergarten Students

- New Physical Exam on Illinois Form (Preschool Exam cannot be used for Kindergarten)
- Complete Immunization Record
- (5) DTaP, (4) Polio, (4) Hib, (3) Hep B, (2) MMR, (2) C.pox, (4) Pneumococcal
- Dental Exam on Illinois Form
- Eye Exam on Illinois Form
- 

#### Second Grade Students

- Dental Exam on Illinois Form

#### Sixth Grade Students

- New Physical Exam (dated 8/15/24 or later) on Illinois Form.
- Complete Immunization Record
- (1) Tdap, (3) Hep B, (2) MMR, (2) C.pox, (1) Meningitis-(on or after 11 birthday)
- Dental Exam on Illinois Form

#### Ninth Grade Students

- NEW Physical Exam on Illinois Form
- Complete Immunization Record Including
- (1) Tdap, (3) Hep B,, (2) C.pox, (1) Meningitis
- Dental Exam on Illinois Form

#### Religious Exemption

- A New Religious Exemption Certificate is required for children entering Kindergarten, sixth, or ninth grade.

#### 5th-8th Grade Sports

- A Yearly Sports Physical and Sports Packet is required to try out and participate in sports.
  - Sports Packets are available in the office

Per Public Act 10-0348 each nurses office has stock medication of Epi Pens, Albuterol, and Narcan

*Whiteside's mission is to help all learners reach their maximum potential so that they may become tomorrow's leaders.*



Enrolling in Grade: \_\_\_\_\_

### Whiteside School District #115 Enrollment Form

Student's Name: \_\_\_\_\_  Male  Female  
(Last Name) (First Name) (Middle Name)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street) (City) (Zip Code) (main contact number)

Student's Birthdate: \_\_\_\_\_ City / State of Birth: \_\_\_\_\_

Name of Mother or Legal Guardian: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Mother's Cell # ( ) \_\_\_\_\_ Work # ( ) \_\_\_\_\_ Home # ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_ Employer: \_\_\_\_\_

Mother's home address (if different than Student): \_\_\_\_\_

Name of Father or Legal Guardian: \_\_\_\_\_

Father's Cell # ( ) \_\_\_\_\_ Work # ( ) \_\_\_\_\_ Home # ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_ Employer: \_\_\_\_\_

Father's home address (if different than Student): \_\_\_\_\_

Student's ethnic or racial background:  Middle Eastern/ North African  White  
 American Indian / Alaskan Native  Asian  Black or African American  Native Hawaiian or other Pacific Islander

Must also check one box below:

Hispanic or Latino  Not Hispanic or Latino

Is either Parent / Guardian Military (Active Duty / Reserves)?  
Must check one box below:

Yes  No

Military deployed or about to deploy?  
Optional:

Yes  No

Status of Parents (please check all that apply):

Married  Separated  Divorced  Single  Mother Deceased  Father Deceased

Does a court order or decree prevent either parent from receiving student records or having limited or no access to the student?

Yes  No *If yes, please provide a copy of the court document to the school.*

Child lives with (please check all that apply):

Parents  Mother  Father  Legal Guardian  Foster  Homeless

Other (Give name: \_\_\_\_\_) Relationship to Student (\_\_\_\_\_)

#### SCHOOL USE ONLY

Student ID \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_ Bus # \_\_\_\_\_ Bus Stop \_\_\_\_\_ Car / Walk \_\_\_\_\_

Start date: \_\_\_\_\_ IL Transfer \_\_\_\_\_ Out of State Transfer \_\_\_\_\_ Special Ed \_\_\_\_\_ Birth Cert \_\_\_\_\_

Waiver: \_\_\_\_\_ Registration approved by: \_\_\_\_\_

List the persons (other than Parent / Guardian to contact if you are unable to be reached. These people also have permission to pick up your child. List in preferred order of contact.

Name of person	Relationship to child	Cell #	Home / Work #

List NAMES and BIRTHDATES of student's brothers and sisters

\_\_\_\_\_

\_\_\_\_\_

School attended last year (Name of School / address) \_\_\_\_\_

Does your child receive special education services?      Yes      No

If yes, please indicate the program:      Speech      L.D. Services      Self-contained      Other (specify) \_\_\_\_\_

Was your child in an intervention (MTSS) program for reading?      Yes      No

Was your child in an intervention (MTSS) program for math?      Yes      No

Was your child in a gifted / honors program?      Yes      No

What language(s) other than English does your child speak? \_\_\_\_\_

Other language(s) spoken at home: \_\_\_\_\_

Has your child ever attended Whiteside School District #115 before?      Yes      No

**Health Information**

Please Circle:      None      Asthma      ADD/ADHD      Seizures      Diabetes      Allergies

Other      Explain \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

The District has permission to allow the media to use my child's picture and/or place my child's picture on the website / social media or newspaper for special recognition purposes.

Yes      No

Students will be given textbooks to use at the beginning of the school year. It is the students' responsibility to turn their book into the classroom teacher. If textbooks are not returned, or are returned damaged beyond normal wear and tear, the student's account will be charged for the cost of replacement or repair. If not paid for, the account will be turned over to a collection agency. Fee waivers do NOT cover lost, damaged or stolen textbooks.

Parent Initials \_\_\_\_\_

My signature indicates that I will read a copy of the school's Student Handbook online at [wssd115.org](http://wssd115.org) (under Information, click Student Handbook).

I voluntarily furnish the above information and hereby certify that the student listed above and I are legal residents of Whiteside School District #115 residing within the boundary lines of said district as mandated by the State of Illinois. I understand that I may be charged with a Class C misdemeanor and may be required to pay back tuition for providing false information.

Signature of parent / legal guardian \_\_\_\_\_ Date \_\_\_\_\_



**WHITESIDE SCHOOL DISTRICT 115**  
111 Warrior Way  
Belleville, Illinois 62221

Telephone 618 239-0000  
Middle School Fax 618 239-9240  
Elementary School Fax 618 233-7931  
<http://www.wssd115.org>

---

---

**AUTHORIZATION TO RELEASE RECORDS**

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Grade this school year

\_\_\_\_\_  
Date of Birth

Sent to or receive records from:

\_\_\_\_\_  
School name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

I hereby consent to the release of the following information on the above child to the Whiteside School District #115, Belleville, IL.

1. Permanent Record Information (Identifying information, grades, attendance and health records).
2. Temporary Record Information (Ability and Achievement Test results and other pertinent information).
3. Special Education Records (including MDC and IEP), Individual Psychological Test and special testing information.
4. All School Record Information on file.

**K-4 Records**

Whiteside Elementary School  
2028 Lebanon Ave  
Belleville, IL 62221  
Fax: 618-233-7931  
E-mail: [jennifer.fisher@wssd115.org](mailto:jennifer.fisher@wssd115.org)

**5-8 Records**

Whiteside Middle School  
111 Warrior Way  
Belleville, IL 62221  
Fax: 618-239-9240  
E-mail: [ashley.mcerlain@wssd115.org](mailto:ashley.mcerlain@wssd115.org)

I understand that the information thus obtained will be treated in a confidential manner.

\_\_\_\_\_  
Signed / Relationship to Student

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

*Whiteside's mission is to help all learners reach their maximum potential so that they may become tomorrow's leaders.*



WHITESIDE SCHOOL DISTRICT #115  
25-26 SCHOOL YEAR

STUDENT AUTHORIZATION FOR ELECTRONIC NETWORK ACCESS

STUDENT NAME: \_\_\_\_\_  
*Last, First (Please print)*

Student Section

I understand and will abide by the Whiteside School District 115 *Student Acceptable Use Policy for Electronic Networks*. I understand that the district and/or its agents may access and monitor my use of the Internet, including e-mail and downloaded material, without prior notice to me. I further understand that should I commit any violation, my access privileges may be revoked, and school disciplinary action and/or appropriate legal action may be taken. In consideration for using the district's electronic network connection and having access to public networks, I hereby release the school district and its board members, employees, and agents from any claims and damages arising from my use, or inability to use the Internet.

USER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Parent/Guardian Section

I have read the Whiteside School District 115 *Student Acceptable Use Policy for Electronic Networks*. I understand that access is designed for educational purposes and that the district has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the district to restrict access to all controversial and inappropriate materials. I will hold harmless the district, its employees, agents, or board members for any harm caused by materials or software obtained via the network. I accept full responsibility for supervision if and when my child's use is not in a school setting. I have discussed this authorization with my child. I hereby request that my child be allowed access to the Whiteside School District 115 Electronic Network.

PARENT/GUARDIAN NAME *(Please print)*: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AUTHORIZATION FOR USING A PHOTOGRAPH OR VIDEO OF A STUDENT

Parent/Guardian Section

I grant consent to Whiteside School District 115 to identify a picture of my child or ward, by full name and/or the school he or she attends, in any school-sponsored material, publication, video, or website. This consent is valid for the entire time my child or ward is enrolled in Whiteside School District 115. I may revoke this consent at any time by notifying the Building Principal in writing.

I deny consent to Whiteside School District 115 to include a photo of my child in any school-sponsored material, publication, video, or website, even if my child is not identified by name

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Pictures of students taken by non-school agencies: While the school limits access to school buildings by outside photographers, it has no control over news media or other entities that may publish a picture of a named or unnamed student. School staff members will not, however, identify a student for an outside photographer.

HANDBOOK RECEIPT

\_\_\_\_\_ (parent/guardian initials) I have received the Student & Parent Handbook/Agenda and understand that my child and I are responsible for following the rules and policies as stated in the handbook. Note: The handbook may be updated throughout the school year. Notice of handbook amendments will be sent to parents through Skyward and will be published in the monthly Smoke Signals Newsletter.

MOVIE PERMISSION FORM

\_\_\_\_\_ I give permission for my child to watch "G" and "PG" rated movies as might pertain to the curriculum.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



Grade: \_\_\_\_\_

2025-2026

Hour: \_\_\_\_\_

**Whiteside P.E. Uniform**

(\$15.00 per set)

Students Name \_\_\_\_\_

Date \_\_\_\_\_

Adult Shirt Size: X-Small    Small    Medium    Large    X-Large    XX-Large  
(Circle One)

Adult Short Size: X-Small    Small    Medium    Large    X-Large    XX-Large  
(Circle One)

No. of Uniforms \_\_\_\_\_

Amount \_\_\_\_\_

Collected by \_\_\_\_\_

Uniform(s) issued by \_\_\_\_\_

Date \_\_\_\_\_

Grade: \_\_\_\_\_

2025-2026

Hour: \_\_\_\_\_

**Whiteside P.E. Uniform**

(\$15.00 per set)

Students Name \_\_\_\_\_

Date \_\_\_\_\_

Adult Shirt Size: X-Small    Small    Medium    Large    X-Large    XX-Large  
(Circle One)

Adult Short Size: X-Small    Small    Medium    Large    X-Large    XX-Large  
(Circle One)

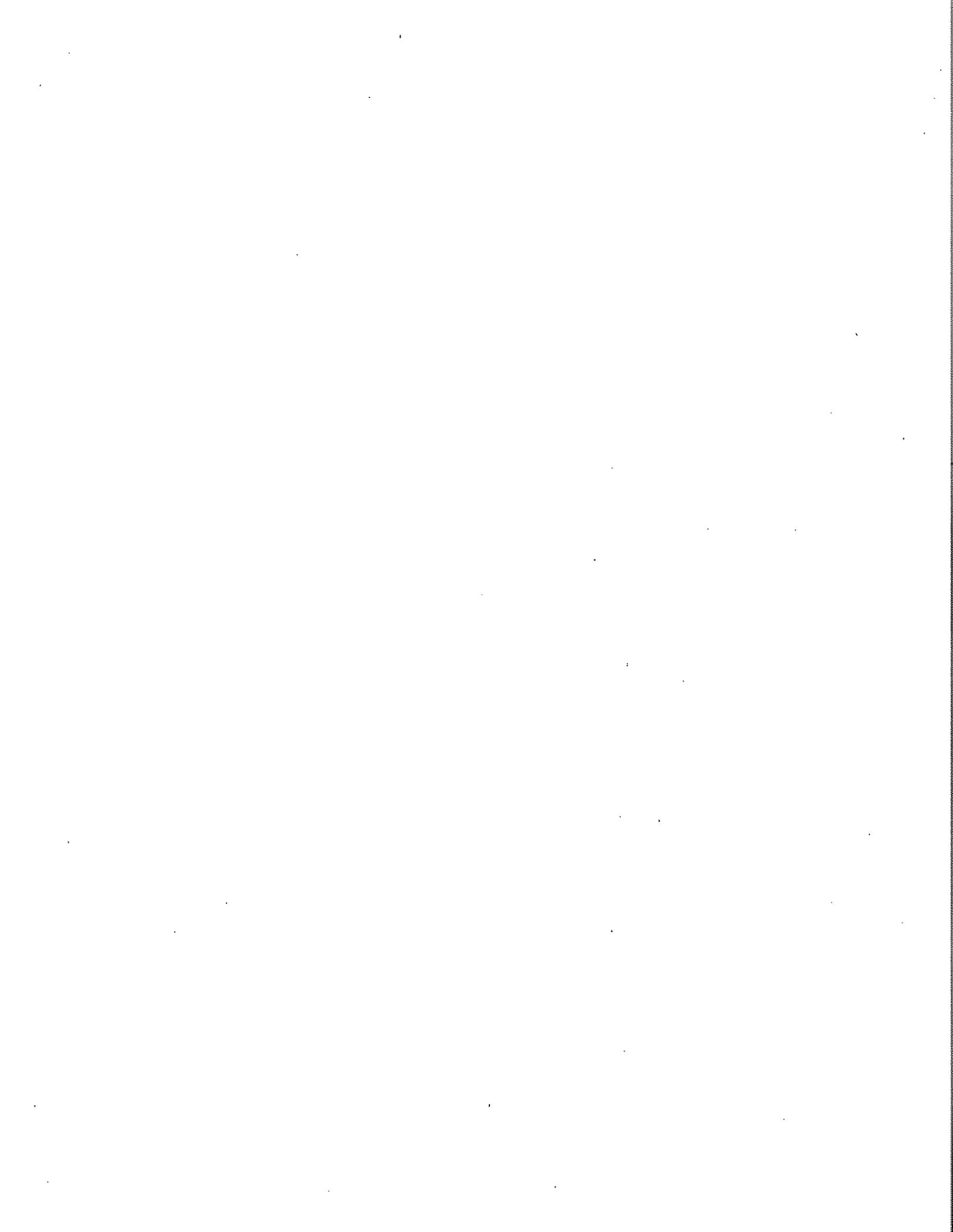
No. of Uniforms \_\_\_\_\_

Amount \_\_\_\_\_

Collected by \_\_\_\_\_

Uniform(s) issued by \_\_\_\_\_

Date \_\_\_\_\_



**Whiteside School District #115  
Medical History**

Student Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

<b>ALLERGIES:</b> (food, Drug, Insect, other)  Reaction: _____	<b>MEDICATION:</b> (List all prescribed or over the counter taken on a regular basis) Home: _____  School: _____
Diagnosis of Asthma? <span style="float:right">Y    N</span> Triggers _____	Inhaler use? <span style="float:right">Y    N</span> _____ Home    _____ School
Birth Defects <span style="float:right">Y    N</span>	Loss of function of one of the paired organs (eye, ear, kidney, testicle) <span style="float:right">Y    N</span>
Developmental Delay <span style="float:right">Y    N</span>	Hospitalizations <span style="float:right">Y    N</span> Please explain _____
Blood Disorders? Hemophilia, Sickle Cell, Other. <span style="float:right">Y    N</span> Explain _____	Surgeries <span style="float:right">Y    N</span> Please explain _____  Serious Injury or illness <span style="float:right">Y    N</span> Please explain _____  Eye / Vision Problems <span style="float:right">Y    N</span> _____ Glasses    _____ Contacts    _____ Amblyopia (lazy eye) _____ Loss of Vision    _____ right eye    _____ left eye  Ear / Hearing Problems <span style="float:right">Y    N</span> _____ Hearing loss    _____ right ear    _____ left ear _____ Hearing aids    _____ right ear    _____ left ear  Dental _____ Braces    _____ Bridge    _____ Plate    _____ other
Diabetes <span style="float:right">Y    N</span> Type: _____ _____ Blood sugar testing    _____ Insulin injection    _____ Insulin pump	
Head Injuries <span style="float:right">Y    N</span> _____ concussion (age & treatment) _____ _____ skull fracture (age & treatment) _____	
Seizures <span style="float:right">Y    N</span> Please describe _____	
<b>Heart Problems</b> Shortness of Breath <span style="float:right">Y    N</span> Heart Murmur <span style="float:right">Y    N</span> High Blood Pressure <span style="float:right">Y    N</span> Dizziness or chest pain with exercise <span style="float:right">Y    N</span> Restrictions <span style="float:right">Y    N</span>	Childhood Illnesses: _____ Chickenpox (yr) _____ _____ Pertussis or Whooping Cough (yr) _____
Bone / Joint problems / Injury; scoliosis <span style="float:right">Y    N</span> Explain _____	
Other Concerns: _____	

Physician:	Phone #:
Dentist:	Phone #:
Orthodontist:	Phone #:
Preferred Hospital:	Phone #:

Information may be shared with appropriate personnel for health and educational purposes. I further give permission for school medical personnel to contact my medical providers during the school year to clarify appropriate care for my child.

Parent / Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone: \_\_\_\_\_



Dear Parent/Guardian:

Children need healthy meals to learn. Whiteside School District #115 offers healthy meals every school day. Breakfast costs \$ 1.75 ; lunch costs \$ 2.85 . Your children may qualify for free meals or for reduced-price meals. Reduced-price is \$ 0.30 for breakfast and \$ 0.40 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 incomplete, so be sure to fill out all required information.

Return the completed application to: Superintendent's Office

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, 2025 to June 30, 2026

Household Size	Reduced Price Meals 185% Federal Poverty Guideline				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	28,853	2,413	1,207	1,114	657
2	39,128	3,261	1,631	1,606	753
3	49,303	4,109	2,055	1,897	949
4	59,478	4,957	2,479	2,288	1,144
5	69,653	5,805	2,903	2,679	1,340
6	79,828	6,653	3,327	3,071	1,536
7	90,003	7,501	3,751	3,462	1,731
8	100,178	8,349	4,175	3,853	1,927
For each additional family member, add	10,175	848	424	392	196

- 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.
- WHO CAN GET FREE MEALS?** All children in households receiving benefits from Supplemental Nutrition Assistance Program (SNAP), households receiving Temporary Assistance for Needy Families (TANF) and/or individual 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 child will get free meals, please contact your school to see if your child(ren) qualifies.
- 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 Eligibility Guidelines chart, shown above.
- 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.
- 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.
- 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 has already told you that your child is eligible for the new school year.
- 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 and return the completed application to the school.
- WILL THE INFORMATION I GIVE BE CHECKED?** Yes. We may also ask you to send written proof.
- 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 or reduced-price meals if the household income drops below the income limit.
- WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?** You should talk to school officials. You may also ask for a hearing by calling or writing the person listed above.
- 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.
- 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.
- WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1,000 each month, but you missed some work last month and only made \$900, put down that you made \$1,000 per month. If you normally get overtime, include it, but do not include it if you only work overtime occasionally. If you have lost a job or had your hours or wages reduced, use your current income.
- 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. If this is the case, 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.
- 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.
- 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 level of 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.)

**Parts 2 & 3:** Skip these parts.

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

**Parts 5 & 6:** If you choose to, provide contact information and children's ethnic and racial identities. (Information in these two sections is 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; provide the school and grade level of each student in the household. (Attach another sheet of paper if necessary.)

**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:** Adult household member must sign the form. If you completed Part 3 of the application, you must include the last four digits of the adult's Social Security Number (or mark the box if you do not have one).

**Parts 5 & 6:** If you choose to, provide contact information and children's ethnic and racial identities. (Information in these two sections is 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 name of each child's school. Check the "Foster Child" box for each foster child.

**Parts 2 & 3:** Skip these parts.

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

**Parts 5 & 6:** If you choose to, provide contact information and children's ethnic and racial identities. (Information in these two sections is optional).

If some (but not all) 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 each child's school. 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 received 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 any payment received for 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, FDIPIR, WIC, Federal education benefits and foster payments received by the household 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 receive 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 you do not have one).

**Parts 5 & 6:** If you choose to, provide contact information and children's ethnic and racial identities. (Information in these two sections is optional).

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

**Part 1:** List all household members; provide the school and grade level of each student in the household. (Attach another sheet of paper if necessary.)

**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 received 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 any payment received for 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, FDIPIR, WIC, Federal education benefits and foster payments received by the household 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 receive 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 you do not have one).

**Parts 5 & 6:** If you choose to, provide contact information and children's ethnic and racial identities. (Information in these two sections is 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 deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

In accordance with the 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, audiotope, 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](mailto:program.intake@usda.gov).

**APPLICATION FOR FREE MILK/MEAL, REDUCED-PRICE MEALS, AND SUMMER EBT**  
 Complete one application per household, per school district. Instructions on the back of this form.

SCHOOL USE ONLY <input type="checkbox"/> Check If Error-Prone Application
--

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

NAMES OF ALL HOUSEHOLD MEMBERS (Include school name and grade if household member is a student.)			SNAP OR TANF CASE NUMBER ONLY										Check If Foster Child*					
First, Middle Initial, Last	School Name	Grade	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.															

\* 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. All Other Income (Worker's Comp., SS, Unemployment, etc.)	
	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 box if they do not have a social security number.   X  X  X  X  -  X  X  -   OR  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 Ethnic and Racial Identities (optional)**

Mark one ethnic identity:  Hispanic/Latino     Not Hispanic/Latino

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

— THIS SECTION IS 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: \_\_\_\_\_

