Kreiva Academy
Public Charter School
"The courage to reach beyond"

Enrollment Eligibility: _____ Academic Year

Grade in Fall: _____

Applicant's Legal Name: _____

Applicant's Legal Address: _____

Applicant's Gender (please circle one)**:** Male / Female / Other / Prefer not to say

Date of Birth: _____/_____/_____

All NH students are eligible to apply if they and their guardian(s): (check each box to confirm agreement)

1. **Attend an Information Session** (or private appointment with a school representative) **to ensure a clear understanding of Kreiva Academy Public Charter School's philosophy, expectations, educational program, and approach to discipline and culture.**

   ☐ I understand that Kreiva Academy Public Charter School is designed to develop the Personal, Intellectual and Professional domains of a student's life and that the curriculum is based on 100% mastery of set Learning Targets.

   ☐ I understand that Kreiva Academy Public Charter School's classes are short, interdisciplinary modules where content is taught by looking at applied situations, not specialized subject-based courses.

   ☐ I understand that Kreiva Academy Public Charter School curriculum does not include a focused Art, Music, Gym, or other such class. There will be ample opportunities for my student to practice these disciplines in after school enrichment or through Kreiva Academy Public Charter School's robust Extended Learning Opportunity (ELO) program. I understand the culture of the school will be driven by an opt-in system of Restorative Practices that has been proven to give everyone more dignity in a conflict situation and yield fewer incidents over time. There will be further opportunities to learn more about this system as the start of school approaches.

Kreiva Academy Public Charter School does not discriminate on the basis of race, religion, national origin, gender, age, disability, sexual orientation, veteran status, or other protected class in accordance with applicable federal and state laws. ©2019

2. **Believe that the applicant will benefit from attending Kreiva Academy Public Charter School.**

   ☐ I believe that _____(applicant) will benefit from attending Kreiva Academy Public Charter School.

3. **Understand that the Kreiva Academy Public Charter School Vision requires collaboration between the student, family, educators, and other community members to succeed.**

   ☐ I understand that the Vision requires us to engage in the educational community to fully succeed.

4. **Agree to provide the following documents if selected for a spot:**

   ☐ Proof that the applicant is a NH resident at the time of application. (Must show the legal guardian's name and address where the applicant resides.)

   ☐ Valid documentation of applicant's Date of Birth.

   ☐ Proof of physical examination by a medical professional including Up-to-date immunization records OR Proof of Immunization Exemption in accordance with RSA 141-C:20-c.

   ☐ Any relevant custody documentation.

   ☐ IEP or 504 if applicable.

Contact's Name: _____

Contact's Address: _____

Contact's Phone: _____ Home / Work / Cell (please circle one)

Contact's Email: _____

Kreiva Academy Public Charter School does not discriminate on the basis of race, religion, national origin, gender, age, disability, sexual orientation, veteran status, or other protected class in accordance with applicable federal and state laws. ©2019

Kreiva Academy
Public Charter School
"The courage to reach beyond"

Admission Checklist

Grade in Fall: _____

Applicant's Name: _____ **Date of Birth:** _____/_____/_____

Primary Address: _____

Please complete and submit the following documentation for the _____ academic year. Applications will be accepted on a first-come-first-served basis.

- ❑ Student Information Form
- ❑ Proof of Residency Form
- ❑ Student Health History Form Filled Out by Parent(s)/Guardian
- ❑ Proof of Immunizations or Evidence of Valid Exemption
- ❑ Proof of Current Physical
- ❑ Documentation of Applicant's Date of Birth
- ❑ Student Record Release Form
- ❑ Audio/Visual Release Form
- ❑ Copy of Current 504 / IEP Plan
- ❑ Record of topics/subjects most recently studied (i.e. report card, transcript, progress report, portfolio)

The following documents are also required to be submitted:

- ❑ Any court orders, judgments, decrees, or other documents (e.g., joint agreements) awarding primary physical custody or granting guardianship of the student to any person

---

I certify that the facts set forth in this form are true and complete. I understand that providing misleading or false information is a criminal offense.

Parent/Guardian's Signature: _____ Date: _____ /_____/_____

Parent/Guardian's Printed Name: _____

Relationship to Applicant: _____

Best Contact Number: _____ cell / home / work (circle one)

Kreiva Academy Public Charter School does not discriminate on the basis of race, religion, national origin, gender, age, disability, sexual orientation, veteran status, or other protected class in accordance with applicable federal and state laws. ©2019

Kreiva Academy
Public Charter School
"The courage to reach beyond"

Student Information Form

GENERAL INFORMATION

Applicant's Name (first, middle, and last): _____

Grade in 2019 (please circle one): 6th / 7th / 8th / 9th / 10th / 11th / 12th

Date of Birth: _____/_____/_____ Gender (please circle one): Female / Male / Other / Prefer not to say

Applicant's Primary Address / Residence: _____

Applicant's Phone Number _____ Home / Work / Cell (please circle one)

Applicant's email (if applicable): _____

Best way to contact applicant during application/enrollment process:

Name: _____

Method (please circle one): Mail / Phone / Email / Other _____

If other, please explain: _____

GUARDIAN(S) CONTACT INFORMATION

Legal Guardian's Name: _____

Contact Number (please circle): Cell / Work / Home _____

Relationship to Student: _____

Email address: _____

Mailing address: _____

Legal Guardian's Name: _____

Contact Number (please circle): Cell / Work / Home _____

Relationship to Student: _____

Email address: _____

Mailing address: _____

Kreiva Academy Public Charter School does not discriminate on the basis of race, religion, national origin, gender, age, disability, sexual orientation, veteran status, or other protected class in accordance with applicable federal and state laws. ©2019

Legal Guardian's Name: _____

Contact Number (please circle): Cell / Work / Home _____

Relationship to Student: _____

Email address: _____

Mailing address: _____

Legal Guardian's Name: _____

Contact Number (please circle): Cell / Work / Home _____

Relationship to Student: _____

Email address: _____

Mailing address: _____

SIBLING INFORMATION

Please list any siblings currently residing with the applicant and check in the first column if they are also applying for the lottery:

√	Name	Age	School Grade in September 2019

APPLICANT TRANSPORTATION NEEDS

- ❑ Student will not need transportation to/from school.
  - ❑ Dropped off/picked up
  - ❑ Walks to/from school

- ❑ Student resides in Manchester and needs transportation to/from school.
  - ❑ AM and PM
  - ❑ AM only
  - ❑ PM only

- ❑ Received Manchester bus transportation previously.
  - ❑ At current address ❑ At different address
  - ❑ Picked up at corner of _____ and _____

Kreiva Academy Public Charter School does not discriminate on the basis of race, religion, national origin, gender, age, disability, sexual orientation, veteran status, or other protected class in accordance with applicable federal and state laws. ©2019

APPLICANT'S CURRENT SCHOOL INFORMATION

Current School: _____

School Mailing Address: _____

School Phone Number: _____

School Fax Number: _____

Guidance Contact Name: _____

Do you give Kreiva Academy Public Charter School permission to reach out, if needed, to your current school?

_____ Yes _____ No If no, please provide date contact can be made: _____/_____/_____

Does applicant have an IEP/504? _____ Yes _____ No If yes, please attach copy of IEP/504 plan.

Does applicant currently receive classroom modifications not covered under a 504/IEP? _____ Yes _____ No

If yes, please explain:

_____

_____

_____

Are there any legal or custody arrangements in place that impact communication regarding this applicant?

_____ Yes _____ No If yes, please provide any relevant legal documents.

Please briefly indicate with whom the applicant resides, with whom we should communicate and how, and any other details of which we should be aware.

_____

_____

_____

_____

Additional parent/guardian information that you would like included in the applicant's file:

_____

_____

_____

_____

Kreiva Academy Public Charter School does not discriminate on the basis of race, religion, national origin, gender, age, disability, sexual orientation, veteran status, or other protected class in accordance with applicable federal and state laws. ©2019

EMERGENCY CONTACTS

Emergency Contact Name: _____

Relationship to Applicant: _____

Contact Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Best way to contact: _____

Emergency Contact Name: _____

Relationship to Applicant: _____

Contact Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Best way to contact: _____

Emergency Contact Name: _____

Relationship to Applicant: _____

Contact Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Best way to contact: _____

CONTACTS DURING SCHOOL HOURS

Who should be the *primary contact during school hours*? _____

What is the best contact method for the primary contact? (please circle one): Cell / Home / Work / Email / Other

Please list primary contact number or address here: _____

Who should be the *secondary contact during school hours*? _____

What is the best contact method for the secondary contact? (please circle one): Cell / Home / Work / Email / Other

Please list secondary contact number or address here: _____

Kreiva Academy Public Charter School does not discriminate on the basis of race, religion, national origin, gender, age, disability, sexual orientation, veteran status, or other protected class in accordance with applicable federal and state laws. ©2019

Kreiva Academy
Public Charter School
"The courage to reach beyond"

Proof of Residency Form

Applicant's Name: _____

Date of Birth: _____/_____/_____

Applicant's Primary Address: _____
_____

Before a child can be enrolled in Kreiva Academy Public Charter School, proof of residency must be established by presenting the required number of documents from each of the following categories for a total of 3 documents:

Category I – (One document required from this category.)

- Homeowners
- Most recent Tax Bill
- Mortgage papers
- Certificate of Occupancy on a newly built home
- Signed and dated lease and proof of last two months' payment if lease is not at its inception (canceled check or receipts required)
- Letter from landlord and proof of last two months' payments (canceled checks or receipts required)
- Notarized letter with explanation of living arrangements from the resident owner of property containing contact information for verification by the school

Category II – (Two documents showing proper address are required from this category.)

- Driver's License
- Vehicle registration
- Auto insurance policy
- Current public aid card
- Most recent cable television and/or credit card bill
- Voter registration
- Current homeowner's/renter's insurance policy
- Most recent gas, electric, oil and/or water bill (telephone bill NOT accepted)

The following additional documents are also required to be submitted:

Any court order, judgments, decrees or other documents (e.g., joint agreements) awarding primary physical custody or granting guardianship of the student to any person.

Kreiva Academy Public Charter School does not discriminate on the basis of race, religion, national origin, gender, age, disability, sexual orientation, veteran status, or other protected class in accordance with applicable federal and state laws. ©2019

_____

I certify that the facts set forth in this residency form are true and complete. I understand that providing misleading or false information about residency is a criminal offense.

Parent/Guardian's Signature: _____Date: _____ /_____/_____

Parent/Guardian's Printed Name:_____

Relationship to Applicant: _____

Parent/Guardian's Address: _____

Email Address: _____

Phone Number: _____ cell / home / work (circle one)

Notary's Signature: _____

Date: _____ /_____/_____
(Affix seal)

Kreiva Academy Public Charter School does not discriminate on the basis of race, religion, national origin, gender, age, disability, sexual orientation, veteran status, or other protected class in accordance with applicable federal and state laws. ©2019

Kreiva Academy
Public Charter School
"The courage to reach beyond"

Student Record Release Form

I hereby authorize:

School Name: _____

Contact Person or Title (if applicable): _____

School Address: _____

Phone Number: _____ Fax Number: _____

To release my child's full student records including the following documents:

- Full Transcript
- Full Discipline Report/History
- Full Attendance History
- Full Special Education Needs (IEP/504/Classroom Modifications)

Student Information

Name: _____

Date of Birth: _____/_____/_____ Current Grade _____

This information shall be released to:

Kreiva Academy Public Charter School
ATTN: Records Department
470 Pine Street
Manchester NH 03104
(603) 232-7974 ext 101

_____

By signing below, you are certifying that you are the individual listed above and that the information provided is true under penalty of forgery and/or unsworn falsification.

Parent/Guardian's Signature: _____ Date: _____/_____/_____

Parent/Guardian's Printed Name: _____

Relationship to Student: _____

Kreiva Academy Public Charter School does not discriminate on the basis of race, religion, national origin, gender, age, disability, sexual orientation, veteran status, or other protected class in accordance with applicable federal and state laws. ©2019

Kreiva Academy
Public Charter School
"The courage to reach beyond"

Student Health History

To Be Completed By Parent/Guardian

Student's Name: _____

Student's Gender (please circle one)**:** Male / Female / Other / Prefer not to say

Date of Birth: _____/_____/_____

Does your student have a medically life-threatening condition? ____ Yes ____ No

If yes, please explain: _____

Does your student have any significant medical issues? ____ Yes ____ No

If yes, please explain: _____

GENERAL HEALTH & HEALTH CARE:

In general, would you say your child's health is? _____ Excellent _____ Very Good _____ Good _____ Poor

Has a physician / health care provider ever told you that your child had any of the following?

_____ Diabetes _____ Asthma _____ Congenital heart disease _____ Sickle cell anemia _____ Seizures

_____ Attention deficit hyperactivity disorder (ADHD) _____ Other learning disability

_____ Intellectual developmental disability _____ Physical developmental disability

Is your child taking ANY medication? _____ Yes _____ No

If yes, please list name of medication, dosage, and frequency:

Name_____ / Dosage_____ / Frequency_____

Name_____ / Dosage_____ / Frequency_____

Name_____ / Dosage_____ / Frequency_____

Name_____ / Dosage_____ / Frequency_____

Kreiva Academy Public Charter School does not discriminate on the basis of race, religion, national origin, gender, age, disability, sexual orientation, veteran status, or other protected class in accordance with applicable federal and state laws. ©2019

Does your child have health insurance? _____ Yes _____ No

Type of health insurance: _____ New Hampshire Children's Medicaid _____ Private Insurance

Does your child have a primary care doctor? _____ Yes _____ No

Doctor's Name: _____

Doctor's Address: _____

Doctor's Phone Number: _____

When was the last time your child received a well-child checkup (physical)? _____

Does your child have a dentist? _____ Yes _____ No

Dentist's Name: _____

Dentist's Address: _____

Dentist's Phone Number: _____

How long has it been since your child was last seen by a dentist?

____ Never ____ Less than 6 months ____ More than 6 months but less than 1 year ____ More than 1 year

Has your child's behavior ever been assessed? _____ Yes _____ No _____ IEP _____ 504 Plan

During the past year was there a time when your child needed medical care but was unable to get it?

_____ Yes _____ No

ALLERGIES

Has your child ever been diagnosed with any of the following conditions?

Eczema _____ Yes _____ No If yes, please explain: _____

Allergy or reaction to medicines _____ Yes _____ No

If yes, please explain: _____

Allergy or reaction to a bee sting or insect bites _____ Yes _____ No

If yes, please explain: _____

Allergy to foods or dyes _____ Yes _____ No

If yes, please explain: _____

Other Allergies:_____

GASTROINTESTINAL

Does your child have any of the following?

_____ Poor appetite _____ Excessive thirst _____ Frequent stomach aches _____ Frequent diarrhea

_____ Constipation _____ Problem with kidneys _____ Problems with urine _____ Bowel control

If yes, please explain _____

Kreiva Academy Public Charter School does not discriminate on the basis of race, religion, national origin, gender, age, disability, sexual orientation, veteran status, or other protected class in accordance with applicable federal and state laws. ©2019

EYES, EARS, NOSE & THROAT

Does your child wear glasses or contacts? _____ Yes _____ No

Did your child have three or more ear infections during the first 3 years of life? _____ Yes _____ No

Does/did your child have tubes in their ears? _____ Yes _____ No

Has your child had hearing loss or does your child wear a hearing aid? _____ Yes _____ No

Has your child had strep throat two or more times in a year? _____ Yes _____ No

Does your child have frequent nosebleeds? _____ Yes _____ No

OTHER PROBLEMS AND ILLNESSES

Has your child ever had any of the following?

Chicken pox _____ Yes _____ No

Date of infection: _____

Broken bones _____ Yes _____ No

Date(s): _____

Other serious accidents or injuries _____ Yes _____ No

Date(s): _____

A hospitalization overnight, other than birth _____ Yes _____ No

Please explain: _____

Special tests for health problems _____ Yes _____ No

Please describe: _____

Surgery _____ Yes _____ No

Please explain: _____

Has your child lived in a house built before 1950 that had peeling paint? _____ Yes _____ No

Has your child ever been tested for lead poisoning? _____ Yes _____ No

Has your child ever been treated for lead poisoning? _____ Yes _____ No

PREGNANCY AND BIRTH

Did you have any health problems during your pregnancy? _____ Yes _____ No

Were there any complications with this child's birth or delivery? _____ Yes _____ No

Please check all that apply: _____ Prematurity/Birth Weight _____ Cesarean section

_____ Anoxia (baby didn't get enough oxygen) _____ Respiratory distress syndrome

_____ Eclampsia/Pre-eclampsia (mother's high blood pressure) _____ Toxemia (swelling)

_____ Meconium (baby's fecal matter excreted at or near birth)

Was this baby sick during the first 3 months of life? _____ Yes _____ No

PLEASE ATTACH COPIES OF LATEST PHYSICAL EXAM (within one year) AND PROOF OF IMMUNIZATIONS OR EVIDENCE OF VALID EXEMPTION

Kreiva Academy Public Charter School does not discriminate on the basis of race, religion, national origin, gender, age, disability, sexual orientation, veteran status, or other protected class in accordance with applicable federal and state laws. ©2019

Kreiva Academy
Public Charter School
"The courage to reach beyond"

School Nurse Medication Form

Student Name:_____

Grade: _____

Emergency Contact:_____

Emergency Contact Number:_____

Emergency Contact: _____

Emergency Contact Number:_____

Medical Concerns: _____

Daily Medications: _____

Allergies: _____

❑ **I give permission to dispense the following as needed:**

- **Advil ____ (How many ____)**
- **Tylenol ____ (How many ____)**
- **Cough Drops ____**
- **Topical Cream (Antibiotic/Hydrocortisone) ____**

❑ **I do NOT give permission to dispense Advil or Tylenol**

_____ _____

Parent/Guardian Printed Name **Date**

_____

Parent/Guardian Signature

Kreiva Academy
Public Charter School
"The courage to reach beyond"

Audio/Visual Release and Consent Form

- ❑ **I DO hereby give permission to Kreiva Academy Public Charter School to make and use:**
  - Photographs
  - Audio Recordings
  - Video/Visual Recordings

of my child, _____.

Any limitations I, _____, have are as follows:

_____

_____

I hereby authorize Kreiva Academy Public Charter School to edit, alter, copy, exhibit, distribute and publish in print, video, audio recorded productions, and on the World Wide Web this material for the purpose of publicizing Kreiva Academy Public Charter School programs or for other lawful purposes without payment or any other consideration. By signing this document, I understand that:

- The materials will be used only for nonprofit/educational purposes.
- Kreiva Academy Public Charter School will not release the materials to any other nonprofit or commercial entity without seeking my permission.
- Any proceeds from the sale of published or printed matter containing the materials will be used to support the mission of Kreiva Academy Public Charter School. (if applicable)
- The materials will become the property of Kreiva Academy Public Charter School, stored in a place chosen by Kreiva Academy Public Charter School and will not be returned to me.
- I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my child's likeness appears.
- I waive any right to royalties or other compensation arising or related to the use of these materials.
- I hereby hold harmless and release and forever discharge Kreiva Academy Public Charter School from all claims, demands, liability, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

To rescind consent, I acknowledge that I will need to contact the Director of Programs and Services and request in writing the desired changes including but not limited to any effective dates that may apply.

- ❑ **I DO NOT give permission to Kreiva Academy Public Charter School for any audio, video or photographic stills of my child.**

Kreiva Academy Public Charter School does not discriminate on the basis of race, religion, national origin, gender, age, disability, sexual orientation, veteran status, or other protected class in accordance with applicable federal and state laws. ©2019

This authorization is continuous and may only be withdrawn by my specific written rescission of this authorization. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Signature: _____ Date: _____/_____/_____

Printed Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Kreiva Academy Public Charter School does not discriminate on the basis of race, religion, national origin, gender, age, disability, sexual orientation, veteran status, or other protected class in accordance with applicable federal and state laws. ©2019

Kreiva Academy
Public Charter School
"The courage to reach beyond"

SCHOOL ACTIVITIES CONSENT FORM

This is to certify that my child,_____, a student at Kreiva Academy Public Charter School has my permission to participate in the following organized, school-sponsored activity/activities.

ACTIVITY: **General Field Time at Pulaski Park** including:

- teacher-led outdoor classroom
- staff-supervised student recess

DATE: **School Year 2019-2020**

I acknowledge that Kreiva Academy Public Charter School or any volunteers for Kreiva Academy will not be held responsible for medical or hospital costs resulting from injuries that might occur by participation in school-sponsored activities or in transportation to and from the place where school activities are conducted, except to the extent that any such costs are covered by applicable insurance.

_____ _____

Parent/Guardian's Signature Date

_____ _____

Parent/Guardian's Name (please print) Date

Kreiva Academy Public Charter School
470 Pine St.
Manchester, NH 03104

Voluntary Identification of Low Income Students

This form is only for schools that do NOT participate in the National School Lunch Program (NSLP). This form does not mean your child will receive a free lunch.

Why do we want to know about your household income? The number of low income students attending our school is important because the New Hampshire Department of Education (NHDOE) uses this information to calculate State Adequacy Aid for districts and Charter School Tuition Aid. In most cases, the State will provide an extra $1,700 for each low income student. The number of low income students is also used to calculate federal grant awards.

NHDOE's definition of low income uses the same household income thresholds used by the NSLP. Amounts are adjusted each year to account for inflation. Here is a link to the guidelines: https://www.fns.usda.gov/school-meals/income-eligibility-guidelines The current table is below.

This survey is voluntary. If you do not wish to participate, simply do not return the form.

Income Guidelines for the School Year July 1, 2019 – June 30, 2020

Household size	Yearly	Monthly	Weekly
1	$23,107	$1,926	$445
2	$31,284	$2,607	$602
3	$39,461	$3,289	$759
4	$47,638	$3,970	$917

Household size	Yearly	Monthly	Weekly
5	$55,815	$4,652	$1,074
6	$63,992	$5,333	$1,231
7	$72,169	$6,015	$1,388
8	$80,346	$6,696	$1,546
Each additional person	+$8,177	+$682	+$158
person:			

What is a household? It is a group of people who live together, share their income and expenses, and share at least some meals. It is not required that they be related family members. If a person pays rent for a room but does not share income and other expenses this person is not part of the household. Report this room rent as income in section 3. (The renter may quality as a separate household.)

Who may submit this form? Submit ONLY if you can provide a case number in Section 1, OR you have a foster child to report in Section 2 , OR the household monthly income is below the amount shown in the chart. The head of a household may submit a form.

Do I need to complete Section 3, Household Income? Skip section 3 if you provide a case number in Section 1 or the only students in Section 2 are foster children. Otherwise, enter gross (before tax and withholdings) average monthly income for all children and adults, except foster children. Include overtime and occasional earnings to the extent you usually earn this amount each month. You must keep records, such as one month of pay stubs, for ALL earners. For cash earnings keep notes. Keep these records for one year.

Privacy Promise: The school will protect the confidentiality of information on this form, using it only to report to NHDOE the student ID number of a low income student. The form will be kept in a locked location, and only persons that prepare the report will have access. Information will not be shared with any other government agency or other school staff.

Questions? Contact tbayer@kreiva.org

Voluntary Identification of Low Income Eligibility Students

Return this form to [person] by [enter date]

READ INSTRUCTIONS BEFORE COMPLETING FORM

Section 1

If anyone in your household receives Supplemental Nutrition Assistance Program (SNAP, formerly food stamps), or Family Assistance Program (FAP, formerly TANF) enter name and case number for that person.

Name:_____ SNAP FAP (circle one) Case Number: _____

Section 2 List ONLY students enrolled at this school **on Tuesday, October 1, 2019.**

	First Name and Middle Initial Only	Birthday Month & Day Only	Enter **"Foster"** if a Foster child (Automatically Qualifies)	**For School Use Only SASID**
1.				
2.				
3.				
4.				
5.				

Attach a second sheet if you have more than 5 students to report.

If you reported a SNAP or FAP case number in Section 1 OR all students listed in Section 2 are Foster, skip Section 3. All students are automatically qualified.

Section 3 **Number of people (all ages) in household**: _____ (see instructions)

Monthly Income of all household members except foster children	(Enter "0" if none)
1. Gross Monthly Earnings: Wages, Salary, Commissions	$
2. Monthly Welfare Payments, Child Support, Alimony	$
3. Monthly Payments from Pensions, Retirement, Social Security	$
4. Monthly Dividends or Interest on Savings	$
5. Monthly Worker's Compensation, Unemployment, Strike Benefit	$
6. Other Monthly Income (Rent, SSI, VA, Disability, other)	$
Total Monthly Household Income (Add lines 1-6)	$

Section 4

I certify (promise) that this information is true and all required income is reported. If asked, I will provide income documents to verify this information. I expect that the school will abide by the privacy promise on the instructions page. I understand that if I purposely give false information I may be prosecuted.

Print Name:_____ Signature: _____ Date: _____