



Spooner Area School District

801 County Highway A • Spooner, WI 54801 • ph:715-635-2171 • fax :715-635-7074 • www.spooner.k12.wi.us

K-12 STUDENT REGISTRATION FORM

2025-2026 Grade _____ Anticipated Start Date _____

STUDENT'S LEGAL NAME _____
(First Name) (Middle Name) (Last Name)

DATE OF BIRTH ____/____/____ PLACE OF BIRTH (City, County, State) _____

GENDER ☐ Female ☐ Male PRIMARY PHONE NUMBER _____

PRIMARY ADDRESS _____
(Street) (City/Town) (State) (Zip)

MAILING ADDRESS (if different from above) _____

SPOONER SCHOOL DISTRICT RESIDENT ☐ Yes ☐ No

If No, what is the resident school district _____

If No, have you applied for Open Enrollment ☐ Yes ☐ No

SCHOOL LAST ATTENDED (INCLUDE 4K)

School Name _____ ☐ Public ☐ Private

School Address _____

School Phone Number _____ School Fax Number _____

FIRST TIME ENROLLING IN A WISCONSIN PUBLIC SCHOOL? ☐ Yes ☐ No

Have you been enrolled in any of these types of special classes or programs at your previous school?

- _____ Special Education (LD, CD, EBD, S/L, OT/PT)
- _____ Honors/Accelerated/G/T
- _____ Section 504 Accommodation Plan
- _____ Alternative School
- _____ Home School

Screening Information	Diagnosed	Not Apparent
Physical Disability		
Vision Concerns (other than glasses)		
Hearing Concerns		
Autism		
Speech and/or Language Concerns		
Cognitive or Developmental Disability		
Emotional or Behavioral Concerns		
Learning Disability		

Please read and place your initials by each statement below.

_____ I declare that my son/daughter has not been expelled or was under the process of expulsion, from a previous school district pursuant to Section 120.13(1)(f) of the Wisconsin Statutes. I understand and acknowledge that my failure to provide a true response to this statement is grounds for expulsion of my son/daughter, pursuant to Section 120.13(1)(f) of the Wisconsin Statutes.

_____ I have the legal authority to enroll this child in school.

The information provided on this form is true and accurate to the best of my knowledge.

Parent/Guardian Signature _____ Date _____

Office Use ONLY: ☐ Copy to School Nutrition ☐ Copy to Badger Bus ☐ Records Request Sent ☐ Copy to Special Services ☐ Copy to District Nurse

Student # _____ Grade _____ Grad Year _____ Homeroom _____ Locker # _____



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ANNUAL DEMOGRAPHIC UPDATE FORM

THIS FORM MUST BE COMPLETED ANNUALLY TO ENSURE ACCURATE
DATA REPORTING TO THE DEPARTMENT OF PUBLIC INSTRUCTION

Student Name:

--	--	--	--

Last Name

First Name

M

Grade

Please answer ALL parts A, B, and C.

Part A.

Is this student Hispanic/Latino? (*Choose only one*)

☐

No, not Hispanic/Latino

☐

Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race).

The question is about ethnicity, not race. The question below is about original ancestry or race – no matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's (or your) races to be.

Part B.

What is the student's race? (*Choose one or more*)

☐

American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America and Mexico)

☐

Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)

☐

Black or African American (A person having origins in any of the black racial groups of Africa)

☐

Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

☐

White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

Part C.

Military Service

Is either parent or guardian on active duty in the military?

☐

Yes

☐

No

Is either parent or guardian a traditional member of the Guard or Reserve?

☐

Yes

☐

No

Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32?

☐

Yes

☐

No

Parent/Guardian Signature _____ Date: _____



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FAMILY REGISTRATION FORM

STUDENT'S FULL NAME _____

CUSTODIAL PARENT(S)/GUARDIAN(S) RESIDING WITH STUDENT

Legal First Name	M.I.	Legal Last Name	Relationship	Cell Phone #	Work Phone #

EMAIL ADDRESS _____

ARE YOU LIVING IN TEMPORARY HOUSING? ☐ Yes ☐ No

If yes, Living Arrangements: ☐ House ☐ Apartment ☐ Shelter ☐ Double Up
☐ Other (please explain) _____

STUDENT RESIDES PRIMARILY WITH

____ Father & Mother ____ Mother Only ____ 50/50 Physical Placement
____ Mother & Stepfather ____ Father Only ____ Other _____
____ Father & Stepmother ____ Guardian

IS THERE A STEP-PARENT IN THE HOUSEHOLD? ☐ Yes ☐ No

If yes, print name of step-parent _____

I would like the step-parent residing in my household to have parental rights for school purposes.

☐ Yes ☐ No _____
(Biological parent signature required) (Date)

LIST ALL CHILDREN IN THE HOUSEHOLD (include all children who are 18 years of age or younger)

First Name	M.I.	Last Name	Gender	Birth Date	Grade	School

OTHER GUARDIAN / SECOND MAILING (50/50 OR NON-CUSTODIAL PARENT)

Legal First Name	M.I.	Legal Last Name	Relationship	Cell Phone #	Work Phone #

EMAIL ADDRESS _____

House #	Street Name	Apt #	City	State	Zip	Home Phone #



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STUDENT EMERGENCY FORM

EMERGENCY CONTACT INFORMATION

In the case of an illness or emergency, parents are always contacted first. Please **DO NOT** list parents as the emergency contacts. Emergency contacts should be within a 50-mile radius and should be available to pick up an ill or injured student. Be sure anyone you put down knows that they are on your child's emergency contact list. Please be aware that in any situation, students will not be released to an individual that is not listed as an emergency contact (going home ill, picking up for an appointment, school emergencies, etc.)

Emergency Contact #1 Name _____

Primary Phone # _____

Second Phone # _____

Third Phone # _____

Relationship of Emergency Contact to Student _____

Emergency Contact #2 Name _____

Primary Phone # _____

Second Phone # _____

Third Phone # _____

Relationship of Emergency Contact to Student _____

Emergency Contact #3 Name _____

Primary Phone # _____

Second Phone # _____

Third Phone # _____

Relationship of Emergency Contact to Student _____

EMERGENCY CLOSING INFORMATION

In the event school is dismissed early because of weather or a school emergency, the following information is needed.
PLEASE CHECK ONE:

☐ My child will ride his/her regular bus to his/her regular after school destination.

☐ Send my child to address below:

Person responsible _____ Phone Number _____

Local Address _____

The Wisconsin HLS Form

**For changes to this form, see HLS Modification section (above).*

Student Information

Date:		
First Name:	Middle Initial:	Last Name:
School Name:	Grade:	Date of Birth: (mm/dd/yyyy)
District:	District ID:	
Language(s) other than English used by student:		

Parent/Guardian Information

First Name	
Last Name	
Relationship to Student	
First Name	
Last Name	
Relationship to Student	

Parental/Guardian preference for languages used for school communications (may be multiple):

Parental/Guardian name: _____

Oral: _____

Written: _____

Parental/Guardian name: _____

Oral: _____

Written: _____

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

Date of Administration: __/__/____



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STUDENT HEALTH INFORMATION FORM

STUDENT'S LEGAL NAME _____

Has your child had a serious illness and/or injury? (Describe, Include date)

Hospital: _____

Date: _____

Condition: _____

Has your child had surgery? (Describe, Include date)

Hospital: _____

Date: _____

Condition: _____

Has your child had a drug reaction?

Name of drug: _____

Date: _____

Reaction: _____

Please check if any of the following apply Diagnosed Condition – PLEASE ADD COMMENTS	Have Had	Have Now
ADD/ADHD		
ALLERGIES (INCLUDING BEE STING)		
ASTHMA		
BLADDER/KIDNEY DISEASE		
CONVULSIVE DISORDERS/SEIZURES		
DIABETES		
HEARING LOSS		
HEART CONDITION		
JOINT DISEASE		
LEAD POISONING		
MIGRAINES		
OTHER (LIST)		

Comments regarding above information _____

Daily Medications (please list) _____

Physician _____

Phone # _____

Dentist _____

Phone # _____

Eye Doctor _____

Phone # _____

Does student wear ☐ Glasses/Contacts ☐ Reading Glasses Only

I hereby authorize the nurse, health para, administrator, or other designated person to call any of the listed emergency contacts if needed for the care of my child. If my physician is not available (as listed) then an alternate physician may be contacted in an emergency. In case of a *serious* medical emergency or illness, 911 will be called. I authorize the release of any health information to the school district employees and contracted bus company when necessary for the safety and educational benefit of my child.

Parent/Guardian Signature _____ Date _____

Please contact the District School Nurse (715-635-2171 ext 4050) for any special health concern.



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REQUEST FOR RECORDS

APPROXIMATE START DATE FOR STUDENT _____

Last School Attended _____ Fax # _____

Student Name _____ Date of Birth _____ Grade _____

Description:

The information to be disclosed and exchanged consists of:

- ☐ Official student academic/administrative records (identifying information, grade level completed, grades, class rank, attendance records, and group aptitude and achievement test results)
- ☐ Medical and/or related health records
- ☐ Psychological evaluations or social work reports (*if applicable*)
- ☐ Team evaluations and related reports (*if applicable*)
- ☐ Appropriate agency reports (*if applicable*)
- ☐ Individualized education program (IEP) (*if applicable*)
- ☐ Others (specify) _____

Authorization

Parent Signature

Date

Student Signature (if 18 years of age)

Date

Pursuant to Wisconsin Statutes 118.125(4) and Federal Regulations Section 99.31/34 you are authorized to forward the above student's records (progress and behavioral) by this official notification of student enrollment.

Mail ALL Records to:

801 County Highway A, Spooner, WI 54801

Fax Regular Education Records/Transcripts:

____ Spooner Elementary Ph: 715-635-2174

Fax: 715-635-7984

____ Spooner Middle Ph: 715-635-2173

Fax: 715-635-9621

____ Spooner High Ph: 715-635-2172

Fax: 715-635-7074

Fax Transcripts ASAP

Fax or Email Special Education Records:

____ School Psych Services Fax or email current **IEP** and most recent **Evaluation** *before* sending file to petersonde@spooner.k12.wi.us (fax 715-635-7074).



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TRANSPORTATION INFORMATION

Date _____

Student Name:

--	--	--	--

Last Name

First Name

M

Grade

First Family Information

Parent Name _____ Relationship to Child _____

Phone Home _____ Cell _____ Work _____

Address (use street name and fire address – no PO box numbers)

My child will ride the bus to/from this residence: yes no If yes, which days _____

Other Information _____

Second Family Information

Parent Name _____ Relationship to Child _____

Phone Home _____ Cell _____ Work _____

Address (use street name and fire address – no PO box numbers)

My child will ride the bus to/from this residence: yes no If yes, which days _____

Other Information _____

Emergency Name & Phone Number _____

Do you have other students presently riding a bus? _____

If yes, please give names and bus route. Route _____ Bus # _____

Bus Driver Name _____

Student Names _____

Destination requests other than home with phone number (neighbor, daycare, etc.) _____

Medical Information: Is there any special condition we should know about to help us in transporting your child? If so, please explain. All information is confidential. _____

STUDENT IMMUNIZATION RECORD

Instructions to Parent: Complete and return to school within **30 days after admission**. State law requires all public and private school students to present written evidence of immunization against certain diseases **within 30 school days of admission**. The current age/grade specific requirements are available from schools and local health departments. These requirements can only be waived if a properly signed health, religious or personal conviction waiver is filed with the school. The purpose of this form is to measure compliance with the law and will be used for that purpose only. If you have questions regarding immunizations, or how to complete this form, contact your child's school or local health department.

Step 1

Personal Data

Please Print

Student's Name	Birthdate (MM/DD/YYYY)	Gender	School	Grade	School Year
Name of Parent/Guardian/Legal Custodian		Address (Street, City, State, ZIP Code)		Phone Number	

Step 2

Immunization History

List the **month, day, and year** your child received each of the following immunizations. If you do not have an immunization record for this student, contact your doctor or public health department to obtain it. You may also use the Wisconsin Immunization Registry:
<https://www.dhfs.wisconsin.gov/immunization/registry>

Type of Vaccine*	First Dose MM/DD/YYYY	Second Dose MM/DD/YYYY	Third Dose MM/DD/YYYY	Fourth Dose MM/DD/YYYY	Fifth Dose MM/DD/YYYY
DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)					
Adolescent booster (Check appropriate box) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
Polio					
Hepatitis B					
MMR (Measles, Mumps, Rubella)					
Varicella (Chickenpox) Vaccine					
Meningococcal (serogroup ACWY)					

Students with a reliable history of varicella disease are not required to receive the varicella vaccine. Signature from physician, physician assistant, or advanced nurse prescriber required.

☐ I attest that this student has a reliable history of varicella disease,

SIGNATURE – Health Care Provider Date Signed

Has your child had a blood test (titer) that shows immunity (had disease or previous vaccination) to any of the following? Check all that apply.

☐ Varicella ☐ Measles ☐ Mumps ☐ Rubella ☐ Hepatitis B

If **yes**, provide laboratory report(s)

Step 3

Requirements

Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.

Step 4

Compliance Data

Student Meets All Requirements

Sign at Step 5 and return this form to school.

Or

Student Does Not Meet All Requirements

Check the appropriate box below, sign at Step 5, and return this form to school. **Please note that incompletely immunized students may be excluded from school if an outbreak of one of these diseases occurs.**

☐ Although my child has **not** received **all** the required doses of vaccine, the **first dose(s)** has/have been received. I understand that the **second dose(s)** must be received by the 90th school day after admission to school this year, and that the **third dose(s)** and **fourth dose(s)** if required must be received by the 30th school day next year. I also understand that it is my responsibility to notify the school in writing each time my child receives a dose of required vaccine.

Note: Failure to stay on schedule may result in exclusion from school, court action and/or forfeiture penalty.

Waivers (List in Step 2 above, the date(s) of any immunizations your child has already received)

☐ For health reasons this student should not receive the following immunizations

SIGNATURE – Physician Date Signed

☐ For religious reasons, I have chosen not to vaccinate this student with the following immunizations (check all that apply)
☐ DTaP/DTP/DT/Td ☐ Tdap, ☐ Polio ☐ Hepatitis B ☐ MMR (Measles, Mumps, Rubella) ☐ Varicella ☐ MenACWY

☐ For personal conviction reasons, I have chosen not to vaccinate this student with the following immunizations (check all that apply)
☐ DTaP/DTP/DT/Td ☐ Tdap ☐ Polio ☐ Hepatitis B ☐ MMR (Measles, Mumps, Rubella) ☐ Varicella ☐ MenACWY

Step 5

Signature

This form is complete and accurate to the best of my knowledge. Check one: (I do ☐ I do not ☐) give permission to share my child's current immunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR). I understand that I may revoke this consent at any time by sending written notification to the school district. Following the date of revocation, the school district will provide no new records or updates to the WIR.

SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student

Date Signed



Spooner Area School District

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ANNUAL ACCEPTABLE USE AGREEMENT

RETURN THE COMPLETED FORM TO THE MAIN OFFICE
AT YOUR CHILD'S SCHOOL EACH YEAR

Valid for the 2025-26 School Year

Student Name:

<i>Last Name</i>	<i>First Name</i>	<i>M</i>	<i>Grade</i>

Student

I have read and understand the Spooner Area School District Acceptable Use Agreement. I agree to follow the rules contained in this agreement. I understand the School District may monitor my email, Internet and other computer activities. I further understand that if I violate the rules, my access privileges may be terminated and I may face other disciplinary measures, and/or appropriate legal action.

Student Signature

Date

Parent/Guardian

As the parent/guardian of the above student, I have read and understand the Acceptable Use Procedures and guidelines for access to technology resources and the Internet. I understand that this 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, but I accept responsibility for guidance on Internet use. I will not hold the School District responsible for materials acquired by my child via the network and/or Internet.

I hereby give permission to issue an account to my child. The signed agreement will be kept on file. Parents have the right to withdraw their permission at any time.

Parent/Guardian Signature

Date

In the event that a parent/guardian does not wish to have his/her child use the Internet, a letter of explanation should be written, signed and sent to the principal. The child will still be expected to use computers on the local network for class-related assignments.

This agreement will become part of the student's cumulative record. After you have read and signed the form, please return it to the main office at your child's school. This form is valid only for the current school year and will need to be completed each school year.



Spooner Area School District

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STUDENT HANDBOOK

RETURN THE COMPLETED FORM TO THE MAIN OFFICE
AT YOUR CHILD'S SCHOOL EACH YEAR

Valid for the 2025-26 School Year

Student Name:

<i>Last Name</i>	<i>First Name</i>	<i>M</i>	<i>Grade</i>

Student

I acknowledge that I have reviewed the Student Handbook in preparation for the 2024-25 school year. I will abide by the expectations of the Spooner Area School District its administration and the teachers as outlined in the Student Handbook. This document can be found on-line for my future reference should I have any questions regarding the expectations, policies, and procedures at Spooner Area School District as well as allow me to share this information with my parents/guardians.

Student Signature

Date

Parent/Guardian Signature

Date



Spooner Area School District

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ANNUAL OPT-OUT FORM

NOTICE FOR RELEASE OF STUDENT DIRECTORY INFORMATION
FAMILY EDUCATION RIGHTS AND PRIVACY ACT (FERPA)

Valid for the 2025-26 School Year

Return the completed form to the main office at your child's school each year. If no documentation is on file, it will be assumed that permission for release of Directory Information and/or photos has been granted.

Student Name:

<i>Last Name</i>	<i>First Name</i>	<i>M</i>	<i>Grade</i>

In accordance with the Spooner Area School District's Notice for Release of Student Directory Information, I hereby request Directory Information from my child's education records **not be released.**

The following information is designated as Directory Information by the Spooner Area School District:

- | | | |
|--------------------------|---------------------------|---------------------------------------------------------------------------------------|
| • Student's Name | • Photograph and images | • Participation in officially recognized activities and sports |
| • Parent/Guardian's Name | • Date and place of birth | • Individual data related to personal fitness (athletic ability, height, weight, etc) |
| • Address | • Major field of study | • Degrees, honors and awards received |
| • Telephone listing | • Dates of attendance | • Most recent educational agency or institution attended |
| | • Grade level | |

Please note the choices below to opt-out of releasing all directory information or only address and/or telephone listing and/or academic. If you choose to opt-out from all directory information to be released, please know your child's name, photograph, and other information will not be made available in publications such as:

- | | |
|--------------------------------------------------|-----------------------------------------------------------------|
| • The annual yearbook | • Event programs |
| • Honor roll or other academic recognition lists | • Sports activity sheets, showing year or grade of team members |
| | • District and school websites and videos |

Check the options below that best represent your Opt-Out wishes:

- ☐ Do not release my child's address or telephone listing
- ☐ Do not release my child's name
- ☐ Do not release my child's achievements or participation record
- ☐ Do not release my child's photo
- (OR)
- ☐ Do not release any of my child's Directory Information as defined above

Parent/Guardian Signature (*Students 18 years of age may sign their own request*)

Date

Name of Parent/Guardian (*Please print*)

This opt-out form will become part of the student's cumulative record. After you have read and signed the permission form, please return it to the main office at your child's school. This form is valid only for the current school year and will need to be completed each school year.

Received _____
Initials _____

SCHOOL DISTRICT OF SPOONER

SCHOOL HEALTH SERVICES

801 County Hwy A
Spooner, WI 54801

Spooner Elementary	715-635-2174 715-635-7984 (FAX)
Spooner Middle School	715-635-2173 715-635-9621 (FAX)
Spooner High School	715-635-2172 715-635-7074 (FAX)

ADMINISTRATION OF PRESCRIPTION MEDICATION CONSENT

Student Name: _____ Grade: _____ D.O.B.: _____

☐ Elementary School ☐ Middle School ☐ High School

Prescription Medication: _____

Dosage: _____ Route: _____ Time: _____

Starting Date: _____ Termination Date: _____

Reason for Medication: _____

If "as necessary," conditions under which medication should be given: _____

Precautions, possible unfavorable reactions, and/or interventions: _____

Prescribing Physician Name (please print): _____ Phone: _____

***Physician Signature:** _____

I hereby give my permission for designated school personnel to give this medication to my child according to the directions state above and for the school nurse to contact my child's physician if necessary.

A physician's written, signed statement and pharmacy-labeled container must be supplied by the parent/guardian if medication to be given during the school day. Medication must be provided to school personnel in its original container.

I further agree to hold the School District of Spooner and above persons harmless in any and all claims arising from the administration of this medication, according to policy, at school.

I agree to notify the school in writing when any change in the above orders is necessary.

This medication needs to accompany the student on school related field trips ____YES____NO

Date: _____ **Home Phone:** _____

Signature of Parent

Work Phone: _____

Received _____
Initials _____

SCHOOL DISTRICT OF SPOONER SCHOOL HEALTH SERVICES

801 County Hwy A
Spooner, WI 54801

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Spooner High School	715-635-2172 715-635-7074 (FAX)

ADMINISTRATION OF *OVER THE COUNTER (OTC)* MEDICATION CONSENT

Stock Tylenol 325mg & Ibuprofen 200mg available only at SMS/SHS.
****This form must be signed by PARENT/GUARDIAN for med to be given at school.**

Student Name: _____ Grade: _____ D.O.B.: _____

☐ Elementary School

☐ Middle School

☐ High School

OTC Medication: _____

Dosage: _____ Route: _____ Time: _____

As necessary conditions under which medication should be given: _____

Precautions, possible unfavorable reactions, and/or interventions: _____

OTC Meds will not be available on field trips or outside of normal school hours.

Date: _____ Home Phone: _____

Signature of Parent

Work Phone: _____

How To Apply for Free and Reduced Price School Meals

Please use these instructions to help you fill out the application for free and reduced price school meals. You only need to submit one application per household, **even if your children attend more than one school in the**

The application must be filled out completely to determine the eligibility of your child(ren) for free or reduced price school meals.

Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact

Please use a pen (not a pencil) when filling out the application and do your best to print clearly.

Step 1: List ALL children, infants, and students up to and including grade 12

Tell us how many infants/toddlers, children not in school, and elementary/middle/high school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a formal foster arrangement through a court or state/local agency, or qualify as homeless, migrant, or runaway youth;
- Students attending (regardless of age)

<p>A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper (or a second application if completing electronically) with all required information for the additional children. This also applies to adults in Step 3. "MI" is short for middle initial. Print the first letter of each child's middle name in the box.</p>	<p>B) Is the child a student? If "Yes," write the grade level of the student in the "Grade" column to the right.</p>	<p>C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing Step 1, go to Step 4. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to Step 3. Note: Adopted children are not considered foster children. A foster child is a minor child who has been taken into state custody and placed with a state-licensed adult, who cares for the child in place of their parent or guardian.</p>	<p>D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application. Homeless, Migrant, Runaway status must be confirmed with the appropriate program staff. If the school district cannot confirm your student's homeless, migrant, or runaway status, then the school district will contact you to complete an income-based application. <u>You may choose to provide income information now in order to prevent the school district from potentially needing to contact you later.</u></p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Step 2: Do any household members currently participate in SNAP, TANF, or FDPIR?	
If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:	
<ul style="list-style-type: none">• The Supplemental Nutrition Assistance Program (SNAP) or FoodShare• Temporary Assistance for Needy Families (TANF) or W-2 Cash Benefits• The Food Distribution Program on Indian Reservations (FDPIR).	
A) If no one in your household participates in any of the above listed programs: <ul style="list-style-type: none">• Check "No" in Step 2 and go to Step 3.	B) If anyone in your household participates in any of the above listed programs: <ul style="list-style-type: none">• Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: https://www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm• Go to Step 4.

Step 3: List ALL household members and income for each member
How do I report my income? <ul style="list-style-type: none">• Use the lists titled "<u>Sources of Income</u>" & "<u>Examples of Income for Children</u>," on the back side of the application form to determine if your household has income to report.• Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.<ul style="list-style-type: none">○ Gross income is the total income received before taxes and deductions.○ Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.• Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write "0" or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.• Mark how often each type of income is received using the check boxes to the right of each field.
3.A. Report income earned by adults
Who should I list here? <ul style="list-style-type: none">• When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, <u>even if they are not related and even if they do not receive income of their own</u>.• Do NOT include:<ul style="list-style-type: none">○ People who live with you but are not supported by your household's income AND do not contribute income to your household.○ Infants, children and students already listed in Step 1.

Step 3: List ALL household members and income for each member

1) List adult household members' names.

Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Include college students, unless they are declared independently on taxes (all college students are considered adults). Do not list any household members you listed in Step 1.

2) List earnings from work.

List all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income. Net income is your income after taxes and deductions have been subtracted.

- **What if I have multiple jobs?** List each job separately by entering your name and income from each job on a new line. Add an additional sheet of paper if necessary.
- **What if I am self-employed?** List income from your business as a net amount. This net amount is calculated by subtracting the total operating expenses of your business from its gross receipts (revenue). Gross receipts or revenue are all the income earned from the sale of any products or services offered.

If a child listed in **Step 1** has income, follow the instructions in **Step 3, Part B.**

3) List income from public assistance/child support/alimony.

List all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

4) List income from pensions/retirement/all other income.

List all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

- **What if I receive income from multiple sources in this category?** List each source separately by entering your name and income from each source on a new line. Add an additional sheet of paper if necessary.

5) List total household size.

Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number **MUST** be equal to the number of household members listed in **Step 1** and **Step 3**. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.

6) Provide the last four digits of your Social Security Number.

An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no Social Security Number."

3.B List income earned by children

List all income earned or received by children.

List the combined gross income for ALL children listed in **Step 1** in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

- **What is Child Income?** Child income is money received from outside your household that is paid **DIRECTLY** to your children. Many households do not have any child income.

Step 4: Contact information and adult signature		
<p><i>All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the statements on the back of the application.</i></p>		
<p>A) Provide your contact information. Write your current mailing address in the fields provided, if this information is available. If you have no permanent address, that is okay. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.</p>	<p>B) Print and sign your name and write today's date. Print the name of the adult signing the application and that person signs in the box "Signature of adult."</p>	<p>C) Mail completed application to:</p>
<p>Optional</p> <p>Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals. This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws, and your response will not affect consideration of your application, and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.</p>		

Please return the application directly to your child's SCHOOL. DO NOT mail, fax, or email completed applications or questions about applications to the USDA Office of the Assistant Secretary for Civil Rights or your child's eligibility for free or reduced-price meals will be delayed.

2025-26 Household Application for Free and Reduced Price School Meals

APPLY ONLINE:
RETURN TO (School/District Name):
ADDRESS:

Complete one application per household. Please use a pen (not a pencil). In Community Eligibility Provision Schools (CEP), receipt of free meals does not depend on returning this application; however, this information is necessary for other programs.

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Foster Child	Migrant	Runaway	Homeless	If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

Check all that apply

STEP 2 Do any household members (including you) participate in: FoodShare (SNAP), W-2 Cash Benefits (TANF), or FDIPIR?

☐ NO → Go to STEP 3. ☐ YES → Write case number here and proceed to STEP 4. PROGRAM NAME: CASE NUMBER (NOT EBT NUMBER):

Badgercare, Medicaid, Summer EBT are not eligible. Write only one case number in this space.

STEP 3 List ALL household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.) List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	How often received?			Public Assistance, Child Support, Alimony	How often received?			Pensions, Retirement, Social Security, SSI, VA Benefits, All Other	How often received?		
	Weekly	Every 2 Weeks	Monthly		Weekly	2x/Month	Monthly		Weekly	Every 2 Weeks	Monthly

Required: Total Household Members (Children and Adults) Check Box if No Social Security Number ☐

Required: Last Four Numbers of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member or Check Box if No SSN ☐

Child Income \$

How often received? Weekly 2x/Month Monthly Annual

Please see application's back for list of income sources.

B. Child Income Sometimes children in the household earn or receive income. Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

STEP 4 Contact information and adult signature. RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL: Insert school address here

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (confirm) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form	Required: Signature of Adult	Today's Date
Mailing Address (if available)	State	Phone (optional)
City	Zip	Email (optional)

Return completed form to your child's school.

SOURCES AND EXAMPLES OF INCOME

For additional information on income, please refer to the instructions that accompany this application.

Sources of Income			Examples of Income for Children
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All other sources of income	
<ul style="list-style-type: none">Salary, wages, cash bonuses, tips, commissionsNet income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none">Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)Allowances for off-base housing, food, and clothing	<ul style="list-style-type: none">Unemployment benefitsWorkers' compensationSupplemental Security Income (SSI)Cash assistance from State or local governmentAlimony paymentsChild support paymentsVeterans benefitsStrike benefits	<ul style="list-style-type: none">Social Security/Disability (including railroad retirement and black lung benefits)Private Pensions or disability benefitsIncome from trusts or estatesAnnuitiesInvestment incomeEarned interestRental incomeRegular cash payments from outside household	<ul style="list-style-type: none">A child has a regular full or part-time job where they earn a salary or wagesA child is blind or disabled and receives Social Security benefitsA parent is disabled, retired, or deceased, and their child receives Social Security benefitsA friend or extended family member regularly gives a child spending moneyA child receives regular income from a private pension fund, annuity, or trust

OPTIONAL

Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Return this completed form to your child's school. *Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

DO NOT FILL OUT

For school use only. If all students listed on this application attend CEP schools, the processing of this application cannot be paid for by the nonprofit school food service account.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income	How often?				Household size	Categorical Eligibility	Eligibility
	Weekly	Every 2 Weeks	2x/Month	Monthly	Annual	<input type="checkbox"/>	Free <input type="radio"/> Reduced <input type="radio"/> Denied <input type="radio"/>
Determining Official's Signature							
Verifying Official's Signature							
Date							

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. 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.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, Check if no Social Security Number' Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.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:

*MAIL: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (833) 256-1665 or (202) 690-7442; or
EMAIL: program.intake@usda.gov

***Do not mail applications to this address, only complaints of discrimination.**

This institution is an equal opportunity provider.

Return completed form to your child's school.