

Welcome to Tuscola High School! Before beginning the Enrollment Packet, we want to make sure that we have everything we need before we begin, so we do not waste your valuable time today.

ALL, please answer the following:

I am the BIOLOGICAL parent of the student I am enrolling today Yes No

I have a certified birth certificate with me today to be placed in my child's cumulative record

I am the LEGAL GUARDIAN or CUSTODIAN of the student I am enrolling today Yes No

I have a certified birth certificate or CURRENT COURT ORDERT with me today to be placed in my child's record

I have a valid NC Driver's License with Haywood County address with me today Yes No

I can sign an Admissions statement today Yes No

To affirm that my child is not currently under suspension or expulsion and has never been convicted of a felony

Unless my child is enrolling as a first-time 9th grader, I have a transcript Yes No

showing all credits toward graduation

If applicable, please answer the following:

My child does not live in the Tuscola district but I have a signed Pupil Reassignment Form Yes N/A

There is a custody agreement in place, and I have custody papers to go in my child's record Yes N/A

There is a custody agreement in place, and I do not have today, but will provide by Sept. 30 Yes N/A

My child was homeschooled, and I have a copy of my homeschool license and documentation of coursework to provide for administrative review. Yes N/A

NOTE: To be used for any student seeking to transfer into the district who lives with Parent(s) / Guardian / Legal Custodian

AFFIDAVIT A

STATE OF NORTH CAROLINA)
COUNTY OF _____)

Please Print or Type

IN THE MATTER OF				DISCIPLINARY STATUS AFFIDAVIT BY PARENT, GUARDIAN OR LEGAL CUSTODIAN
Full Name of Student				
Address				
City		State	Zip	
Current Grade	Last School Attended			
Sex	Date of Birth	Age	Printed Name of Parent, Guardian or Legal Custodian	

(G.S. 115C-366(a4))

This is to certify that the above-referenced student who is transferring to:

_____ (Name of School)

from _____ (Name of School)

is not currently under suspension or expulsion from attendance at a private or public school in this or any other state and has never been convicted of a felony in this or any other state.

Sworn Under Oath or Affirmation.

Signature of Parent/Guardian/Custodian/Student
(if 18 yrs. of age or older)

SWORN TO AND SUBSCRIBED BEFORE ME

This ____ day of _____, 20____.

by _____
(Name of Parent, Guardian, Legal Custodian or Student)

(Signature of Notary Public)

My Commission Expires: _____

(Notary Seal)

Haywood County Schools' Registration Form

(6-16-16)

PART TWO: This part will be completed by guardian and reviewed by counselor.

Student Name Called by: _____ Current Age: _____ Date of Birth: ___/___/___

Gender (Please circle.): First Male Last Female

Ethnicity (Please circle one): Hispanic/Latino Not Hispanic

Race (Circle all that apply): White Black/African Amer. Amer. Indian/Alaska Native Asian Hawaiian/Pacific Islander

Student's Physical Address: _____
Number and Street City State Zip

Student's Mailing Address: _____
 (If different) PO Box City State Zip

Student resides with (Name) _____ (Relationship) _____

Legal Guardian: _____ (Name) Other: _____ (Name/Relationship)

Mother's Information: Mother's Primary Language

Last Name	First Name	Middle Name (or Maiden Name)
Address	City /State/ Zip	Place of birth (city/state)
Home phone	Cell phone	Email
Place of employment	Work phone	

Father's Information: Father's Primary Language

Last Name	First Name	Middle Name
Address	City /State/ Zip	Place of birth (city/state)
Home phone	Cell phone	Email
Place of employment	Work phone	

In case of an emergency, every effort will be made to notify the parents, first. When a parent/ guardian cannot be reached, please list an emergency contact person who would be able to make decisions and/or pick up your child:

Name:	Relationship to Student:	Lives in same household as the student: Yes No
Home phone:	Cell phone:	Work phone:

Name:	Relationship to Student:	
Home phone:	Cell phone:	Work phone:

Student's physician (if known): _____ Phone Number: _____

Transportation MORNING (please circle one):	Bus # _____ Car Walk
Transportation AFTERNOON (please circle one):	Bus # _____ Car Walk
Early dismissal (please circle one):	Bus # _____ Car Walk



January 2016

Hearing screening information:

Passed hearing screening: Yes No
 Concerns related to student's hearing:

Recommendations, concerns, or needs related to student's health and required school follow-up:

School follow-up needed: Yes No

Medical Provider Comments:

Please attach other applicable school health forms:

- Immunization record attached:
- School medication authorization form attached:
- Diabetes care plan attached:
- Asthma action plan attached:
- Health care plans for other conditions attached:

Health Care Professional's Certification

I certify that I performed, on the student named above, a health assessment in accordance with G.S. 130A-440(b) that included a medical history and physical examination with screening for vision and hearing, and if appropriate, testing for anemia and tuberculosis. I certify that the information on this form is accurate and complete to the best of my knowledge.

Name:

Title:

Signature: _____

Date (m/d/yyyy):

Practice/Clinic Name:

Practice/Clinic Address:

Practice/Clinic City:

State:

Zip:

Phone:

Fax:

Provider Stamp Here:



Haywood County Schools Support Services Form

The information below is required by the federal McKinney –Vento Homeless Act of 2001 (Subtitle B of title VII) and will be used to determine students' needs. The information on this document will be **CONFIDENTIAL**.

Name of School: _____

Name of Student: _____

Birthdate: _____ Grade: _____

Does the child have a relative serving in the military (active, National Guard, Reserves)? _____
If so what is the relationship? _____

The answers to this residency information help determine the services the student may be eligible to receive:

1. Is your current address a temporary living arrangement? __ Yes or __ No
2. Is this temporary living arrangement due to loss of housing or economic hardship?
__ Yes or __ No
3. Is this student in a temporary foster care placement or awaiting foster care? __ Yes or
__ No
4. As a student, are you living with someone other than your parent or legal guardian?
__ Yes or __ No

If you answered YES to the above questions, please complete the remainder of this form. If you answered NO, you may stop here.

Resides with: _____ Relationship: _____

Do you have legal guardianship/custody? _____ Yes or _____ No

Address: _____

Phone: _____

Other school aged children living in the home:

Are there any birth to 4 years old living in the home? _____

(Birthdate: _____)

Where is the student presently living?

_____ In a motel/hotel

_____ In a shelter

_____ With more than one family in a house or apartment

_____ Moving from place to place _____ "Awaiting Foster Care"

_____ In a location not designed for sleeping accommodations such as car, park, campground

Signature of Parent/Legal Guardian _____ **Date** _____

FOR SCHOOL USE ONLY: PLEASE GIVE THIS FORM TO THE SSW.

HOME (PRIMARY) LANGUAGE SURVEY

To the **ADMINISTRATOR:** this survey is to be administered once to every student enrolled in your local unit. If the answer to any one of the questions asked is a language other than English, the student will need to be reported on the Home Language Survey Summary and will need to be assessed further for appropriate placement and English language assistance. It is recommended that a copy of the Home Language Survey be placed with the student's permanent record. Home (Primary) Language Surveys are available in some other languages from the local ESL office. If a student and teacher cannot complete this form, additional assistance may be needed from a translator.

STUDENT _____ DATE _____

GRADE _____ GENDER _____ DATE OF BIRTH _____

SCHOOL _____

HOMEROOM TEACHER _____

1. What is the first language this student learned to speak? _____
2. What language does this student speak most often? _____
3. What language is most often spoken in this student's home? _____
4. Does this student speak any language other than English? Do **not** include languages learned only at school.
_____ No _____ Yes If yes, please list the language(s) _____

5. How many years of schooling has this student had in the United States? _____

6. Was the child born outside of the United States? _____ If yes, where? _____

If a language other than English is indicated on this form, the student may be assessed with NC's mandated English Proficiency Test.

If a language other than English is indicated on any answer, please forward a copy of this form as soon as possible to the ESL Department at Central Office.

EVALUACION DEL ESTUDIANTE EN SU IDIOMA PRINCIPAL
SPANISH HOME (PRIMARY) LANGUAGE SURVEY

FECHA _____

NOMBRE DEL ESTUDIANTE _____
(Apellido) (Primer Nombre) (Segundo Nombre)

GRADO _____ GENERO _____ F de NAC. _____

ESCUELA _____

MAESTRO(A) OFICIAL _____

1. ¿Cuál es el idioma natal del estudiante? _____
2. ¿Qué idioma habla el estudiante más frecuentemente? _____
3. ¿Qué idioma habla el estudiante en su casa? _____
4. ¿Habla el estudiante **otro** idioma además del inglés? (No incluya los idiomas aprendidos solo en la escuela.)
_____ No _____ Sí ¿Cuáles son? _____

5. Cuantos anos de escuela a tenido en los Estados Unidos? _____
6. En que pais nació? _____

Si indica una lengua a demas de ingles, el/la estudiante puede ser examinado con la examen de aptitud.

If a language other than English is indicated on any answer, please forward a copy of this form as soon as possible to the ESL Department at Central Office.



PUBLIC SCHOOLS OF NORTH CAROLINA

DEPARTMENT OF PUBLIC INSTRUCTION | Mark Johnson, Superintendent of Public Instruction

WWW.NCPUBLICSCHOOLS.ORG



Occupational Survey

Student Name : _____
Last Name First Name

School: _____ Grade: _____


The Migrant Education Program, through the North Carolina Department of Public Instruction, provides support and instructional services to children and families who have moved in the past three years and who have done agriculture or fishing work. We appreciate your help in determining if your children or relatives qualify to receive services in this program. Please answer the following questions and return the survey to the school.


1. Have you or someone in your family worked in any of the following areas below in the last three years?

- No
- Yes (Select all that apply and continue to question number 2)


2. Have you or your family moved to another school district or to another city or county in the last three years?


- No
- Yes



Work in the harvest of fruits and vegetables, tobacco, sweet potatoes, nuts, cotton, or in agricultural farms, ranches, fields, and vineyards


Working in a fruit or vegetable cannery or in a fruit or vegetable packing plant



Working in a dairy


Working in a fishery or on a shrimp or catfish farm


Working in a slaughter house (chicken, cow, or pig)


Working on a poultry or hog farm


Working in a plant nursery or orchard; growing or harvesting trees


Other similar work in agriculture, please explain:

3. How long ago did you arrive to this county? Month _____ Year _____

4. Parent(s)' Name(s) _____

5. What is your current address?

Address _____

City _____ State _____ Zip Code _____

6. Phone Number(s): _____

FEDERAL PROGRAM MONITORING & SUPPORT DIVISION

6351 Mail Service Center, Raleigh, North Carolina 27699-6351 | (919) 807-3957 | Fax (919) 807-3968

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER



PUBLIC SCHOOLS OF NORTH CAROLINA

DEPARTMENT OF PUBLIC INSTRUCTION | Mark Johnson, Superintendent of Public Instruction

WWW.NCPUBLICSCHOOLS.ORG











Encuesta Ocupacional

Nombre del Estudiante: _____
Apellido Primer Nombre

Escuela: _____ Grado: _____

El Programa de Educación para estudiantes migrantes a través del Departamento de Instrucción Pública del Estado provee servicios de apoyo a los niños y familias que se han mudado en los últimos 3 años y que han trabajado en agricultura o pesca. Agradecemos que nos ayuden a determinar si su niño o pariente califica para recibir servicios en este programa. Por favor, conteste las siguientes preguntas y entréguelas a la escuela.

<p>1. ¿Usted o alguien en su familia ha trabajado en alguno de los siguientes trabajos abajo en los últimos tres años?</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> Sí (Seleccione todo que aplica abajo y favor de continuar a la Pregunta #2)</p>			
<p>2. ¿Usted o su familia se ha mudado a otra zona escolar, o a una ciudad o condado en los últimos tres años?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Sí</p>			
 Trabajando en los campos de agricultura cosechando frutas, verduras, nueces, melones, algodón, o en el silaje de zacate, paja, etc <input type="checkbox"/>	 Trabajando en el enlatado de frutas o verduras o en una planta empacadora <input type="checkbox"/>	 Trabajando en la lecherías <input type="checkbox"/>	 Trabajando en la pesca, granjas de camarón o peces <input type="checkbox"/>
 Trabajando en el corte de carnes crudas (pollos, reses, puercos) <input type="checkbox"/>	 Trabajando en granjas avícolas <input type="checkbox"/>	 Trabajando en huertas, viveros, talando árboles o limpiando la tierra) <input type="checkbox"/>	 Otro trabajo similar, favor de explicar: Como cercando ranchos, fincas o huertas _____ _____ _____
<p>3. ¿Hace cuánto tiempo se mudó a este condado? Mes _____ Año _____</p> <p>4. Nombre de uno de los padres _____</p> <p>5. ¿Cuál es su dirección actual?</p> <p>_____</p> <p>Dirección</p> <p>_____</p> <p>Ciudad Estado Código Postal</p>			
<p>6. Teléfono: _____</p>			

FEDERAL PROGRAM MONITORING & SUPPORT DIVISION

6351 Mail Service Center, Raleigh, North Carolina 27699-6351 | (919) 807-3957 | Fax (919) 807-3968

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER



Haywood County Schools

1230 North Main Street
Waynesville, NC 28786
828 456 2400



Haywood County Schools

Student Videotape/Photograph Release Form

As the parent/legal guardian of _____, I hereby give Haywood County Schools the right to obtain, use, and/or reproduce photographs, digitized images, videos, voice, or physical likeness of my child in any legal manner to be used for educational and informational purposes.

For use on school websites and other school publication purposes, information will be limited to the student's image and first name. When releasing information to the media for school public information stories, the system may release the student's image and full name.

I understand that Haywood County Schools has the right to edit any video, audio, and images as necessary and that ownership of these materials becomes the property of Haywood County Schools. I waive any and all present or future compensation rights to the use of the above stated material(s).

I acknowledge that I have read this document and agree to its terms.

Student Name _____

School _____

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____



Haywood County Schools

1230 North Main Street
Waynesville, NC 28786

828 456 2400
Bill Nolte, Ed., D.
Superintendent



Please read this document carefully before signing.

Computer networks and Internet access are available to students in Haywood County Schools. Our goal is to promote educational excellence by facilitating resource sharing, innovation, and communication. The Internet is a global network connecting millions of computers all over the world. On a global network it is impossible to control all materials, and users may encounter objectionable material. HCS has taken precautions to restrict access to inappropriate materials and believes that access to valuable information and interaction available through the network outweighs this possibility. Internet access is coordinated through an association of government agencies and regional and state networks. Smooth operation of the network relies upon the proper conduct of the users adhering to guidelines and responsibilities.

While we recognize that technology is an important instrument in effective instruction, we also recognize that parents and guardians should have the opportunity to decide if their children have access to these resources. Please read the following and sign below

I have read and understand the rules and consequences for using the Haywood County Schools network.

I understand that my child's technology use will be primarily for educational purposes.

I understand that my child will also abide by all HCS policies for Internet and computer use.

I understand that violation of these rules may result in restriction or cancellation of my child's account or other disciplinary action.

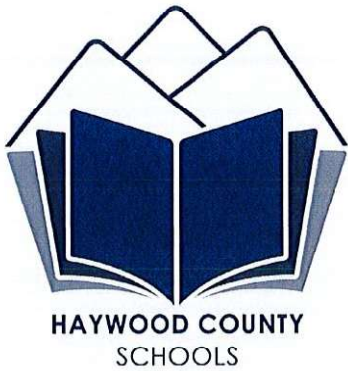
I understand that my child's access to these tools is not private and that HCS technology staff may monitor my child's account.

Student's Name (please print): _____

Parent's Name (please print): _____

Signature: _____

Date: _____



Haywood County Schools

1230 North Main Street
Waynesville, NC 28786
828 456 2400

Bill Nolte, Ed., D.
Superintendent

Dear Parents,

Haywood County Schools uses many web based tools and applications to enrich your child's learning experiences both within and outside the classroom. In accordance with Federal Guidelines outlined in the Children's Online Privacy Protection Act (COPPA), our goal is to protect the privacy of our students and provide you with essential information to make an informed decision regarding your child's access to online resources.

Our district uses several web-based applications and services that are operated outside of Haywood County Schools, including Google Apps for Education, Edmodo, PowerSchool, etc. Additional tools have been approved for classroom use across our district. A complete list, organized by grade levels, can be found at:

- Elementary Resources - <http://tinyhcs.us/coppaelementary>
- Middle School Resources - <http://tinyhcs.us/coppamiddle>
- High School Resources - <http://tinyhcs.us/coppahigh>

In order to use these tools effectively, students are often asked to present limited personal information, such as name and email address, in order to use the site. COPPA states that these sites must notify parents regarding how they will use and disclose of this information and also requires that they obtain parental consent before collecting any personal information from children under the age of 13. For more information on COPPA, please visit <https://www.ftc.gov/tips-advice/business-center/guidance/complying-coppa-frequently-asked-questions>.

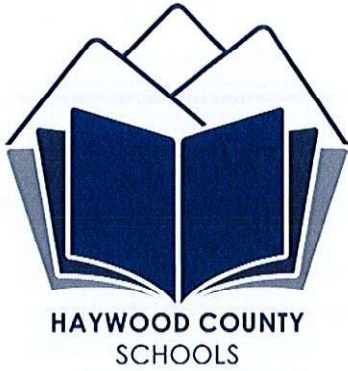
Federal law allows schools to consent to the collection of personal information, on behalf of parents, eliminating the need for website operators to gain individual parental consent for each student. Your signature below provides consent for our schools to provide personal information such as first and last name, email address, username, etc. to web operators of the resources linked above, along with services our schools may add during the coming year. If you are unable to access these resource lists online, please contact your child's school for a paper copy.

Student Name: _____ Grade: _____

School: _____ Date: _____

Parent/Guardian Signature: _____

Parent/Guardian Name (printed): _____



Haywood County Schools

1230 North Main Street
Waynesville, NC 28786
828 456 2400

Bill Nolte, Ed., D.
Superintendent

Estimados padres,

Escuelas del Condado de Haywood utiliza muchas herramientas basadas en web y aplicaciones para enriquecer las experiencias de aprendizaje de su hijo dentro y fuera del aula. De acuerdo con las directrices federales señalados en la Ley de Protección de la Privacidad de los Niños (COPPA), nuestro objetivo es proteger la privacidad de los estudiantes y le proporcionará la información esencial para tomar una decisión informada sobre el acceso de sus hijos a los recursos en línea.

Nuestro distrito usa varias aplicaciones y servicios basados en la Web que son operados fuera de las escuelas del condado de Haywood, como Google Apps para educación, Edmodo, Power School, etc. herramientas adicionales han sido aprobados para su uso en el aula a través de nuestro distrito. Una lista completa, organizado por niveles de grado, se puede encontrar en:

- Recursos elementales - <http://tinyhcs.us/coppaelementary>
- Recursos Escuela Media - <http://tinyhcs.us/coppamiddle>
- Recursos High School - <http://tinyhcs.us/coppahigh>

Para utilizar estas herramientas de manera efectiva, los estudiantes se les pide a menudo para presentar la información personal limitada, tales como nombre y dirección de correo electrónico, con el fin de utilizar el sitio. COPPA afirma que estos sitios deben notificar a los padres con respecto a cómo van a utilizar y divulgar esta información y también requiere que obtengan consentimiento de los padres antes de recopilar cualquier información personal de niños menores de 13. Para obtener más información sobre COPPA, por favor visite <https://www.ftc.gov/tips-advice/business-center/guidance/complying-coppa-frequently-asked-questions>.

La ley federal permite a las escuelas de dar su consentimiento a la recopilación de información personal, en nombre de los padres, lo que elimina la necesidad de que los operadores de sitios web para obtener consentimiento de los padres individual para cada estudiante. Su firma abajo da su autorización para nuestras escuelas para proporcionar información personal como nombre y apellido, dirección de correo electrónico, nombre de usuario, etc., para los operadores de Internet de los recursos vinculados anteriormente, junto con los servicios de nuestras escuelas pueden añadir durante el próximo año. Si no puede acceder a estas listas de recursos en línea, por favor, póngase en contacto con la escuela de su hijo para una copia en papel.

Nombre del estudiante: _____ Grado: _____

Escuela: _____ Fecha: _____

Firma de padre/tutor: _____

Nombre del padre/tutor: _____



August 15, 2018

Dear Parent or Guardian,

In an effort to ensure that the unique needs of military-connected students are met, Session Law 204-2015 required the North Carolina State Board of Education/North Carolina Department of Public Instruction to collect information on military-connected students. The goal is to help accommodate these students by providing them with support and consistency when their parents are deployed, when they are transitioning between schools, and at other pivotal times during their academic career.

To ensure compliance with Session Law 2014-2015, please complete the following information if there are immediate family members of your child connected to U.S. Military, including Active Duty, National Guard and Reserves, Retired Military, Disabled Veteran or Civil Service Employee. "Immediate family member: is defined as a parent, step-parent, sibling, guardian or any other person that would normally live in the same household as the child. If no such person exists for your student, there is no need to return this form to the school. If you have more than one student, please return a separate form for each student to their school.

STUDENT NAME:				
Relationship	Branch	Status	Grade	Military Installation

Branches: Air Force, Army, Coast Guard, Marine Corps, Navy
 Status Options: Active Duty, National Guard, Reserves, Retired Military, Disabled Veteran, Civil Service Employee
 Grade: Enlisted (E1 through E9), Officer (O-1 through O10), Warrant Officer (W-1 through W-5)
 Military Installation: The facility where the service member fulfills their duty role in the military. (i.e. Camp Lejeune, MCAS Cherry Point, Fort Bragg, MCAS New River, Pope Army Air Field, Seymour Johnson Air Force Base, Coast Guard Station – Elizabeth City, NG Raleigh Armory, Knightdale Reserve Center, etc.)

Please return this form to the school by September 04, 2018. If you have any questions, please call your child's school.

Thank you and most of all, a special thanks to our military and their family for your service and sacrifice for our country!

Superintendent

Haywood County Schools



19 de agosto 2019

Queridos padres o representantes,

En un esfuerzo por asegurarnos que las necesidades específicas de nuestros estudiantes conectados con el área militar sean satisfechas según la ley Sesión de 2014-15; la cual requirió que la junta de educación de Carolina del Norte, la junta de educación del estado/ el departamento de instrucción pública de Carolina del Norte colecte información sobre los estudiantes conectados con los militares. La meta es ayudar a estos estudiantes ofreciéndoles apoyo cuando sus padres son desplegados, cuando están en transición entre las escuelas y en otros momentos importantes durante su carrera académica.

La recolección de dicha información es opcional durante el año escolar 2014-15 pero tendrá carácter obligatorio a partir del año escolar 2015-16. La ley Sesión 2014-15 que describe este requisito puede leerse en:

<http://www.ncleg.net/Sessions/2013/Bills/House/PDF/H1060v3.pdf>.

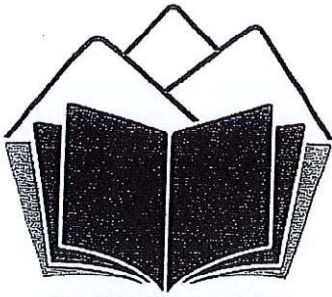
Para asegurarnos de estar de conformidad con la Ley Sesión 2014-15, por favor complete la siguiente información si su hijo/a tiene familiares inmediatos conectados con los militares de EEUU, incluyendo miembros activos, guardia nacional y reservas, militares retirados, veteranos discapacitados o empleados de servicios cívicos. "Familiar inmediato: se define como padres, padrastros, madrastras, hermanos, representantes, o cualquier otra persona que bajo condiciones normales viviría en la misma casa del estudiante. Si dicha persona no existe para su estudiante, no tiene que devolver esta forma a la escuela. Si tiene más de un estudiante, por favor devuelva una forma por cada estudiante en la escuela.

NOMBRE DEL ESTUDIANTE:				
Parentesco	Rama	Estatus	Grado	Instalación militar
Ramas: Fuerza Aérea, Armada, Guardia Costera, Corporales Marinos, Marina Opciones de estatus: Activos, Guardia Nacional, Reservas, Militares retirados, Veteranos discapacitados, Empleado de servicios civiles Grado: Enlistado (E1 al E9), Oficial (O-1 al O10), Oficial de orden (W-1 al W-5) Instalación militar: El lugar en el cual el miembro del servicio cumple con su labor en el servicio militar. (Ejem: Camp Lejeune, MCAS Cherry Point, Fort Bragg, MCAS New River, Pope Army Air Field, Seymore Johnson Air Force Base, Coast Guard Station – Elizabeth City, NG Raleigh Armory, Knightdale Reserve Center, etc.)				

Por favor devuelva esta forma a la escuela a más tardar el 01 de septiembre 2016

¡Gracias, y aún más gracias a nuestros militares y sus familiares por su servicio y sacrificio por nuestro país!
 Dr. Bill Nolte, Superintendente

Escuelas del condado de Haywood



HAYWOOD COUNTY
SCHOOLS

Haywood County Schools

1230 North Main Street
Waynesville, NC 28786
828 456 2400

STUDENT DRUG TESTING OPT-IN AND CONSENT FORM

While _____ (Student) might not participate in any of the following voluntary activities or privileges offered by the Haywood County Schools: interscholastic athletics, other voluntary extracurricular activities, and campus parking privileges, I desire for _____ to participate in the Haywood County Schools random drug testing program. I hereby agree that:

- I have received a copy of the Haywood County Board of Education's random drug testing policy or have been directed to it on the school system's website. I have read and understand the policy.
- _____ (Student) shall be enrolled in the Haywood County Schools random drug testing program beginning with this school year and may be drug-tested in accordance with the random drug testing policy at any time during his/her enrollment in Haywood County Schools.
- Drug tests of students under the random drug testing policy are completely voluntary and a student is never forced to undergo a drug test. However, a refusal to take a drug test will be considered a positive test under the policy and shall result in the student being ineligible to participate in any of the above activities.
- Drug test results may be released to the student, the parent/guardian, the contracted Test Administrator for Haywood County Schools, the Medical Review Officer, the Superintendent's designee and the student's school Principal.
-

Dated: _____, 20____

Name of Student

Name of Parent/Guardian

Signature of Student

Signature of Parent/Guardian





Haywood County Schools
1230 North Main Street
Waynesville, NC 28786
828 456 2400



Important Information!!!!

Online Free and Reduced Applications for Haywood County Schools

Apply on-line for your children to receive free or reduced price school meals. Your application will be sent from a secure web site directly to Haywood County Schools, so you don't need to worry about filling out a paper form that could be lost or misplaced.

www.LunchApplication.com has been designed to make it easy for you to know exactly what information you need to provide and to guide you through the process. Once your application has been received the district office will determine your eligibility and send you a letter with the results.

www.LunchApplication.com is an easy, secure and convenient way to apply for free or reduced meals.

To apply, simply go to www.LunchApplication.com and **Click Apply Now**. Applications for the 19-20 School year cannot be submitted prior to August 1, 2019.

*** If you do not have access to the internet please ask the school office or call 828-627-1150 for a paper copy of this year's Free and Reduced Meal Application.**

**** If you have already received a letter telling you that your child was preapproved for meal benefits you do not need to reapply. Please make sure all of the school-aged children living in your household are listed on the approval letter. If not please contact Sheila McClure @ 627-1150 or smcclure@haywood.k12.nc.us.**



USDA is an equal opportunity employer and provider.

Board of Education

Charles H. Francis, Chairman; Jim Harley Francis, Vice-Chair;
Larry Henson, Steven Kirkpatrick, Bobby Rogers, Jimmy Rogers,
Ann Barrett, Ronnie Clark, David Burnette

2018-19 Free and Reduced Price School Meals Household Application

Crabtree Road, Clyde, NC 28721

(Complete one application per household. Please return to Haywood County School Nutrition, 5855

A. CHILDREN and STUDENT Household Members

1) LIST the names of ALL INFANTS, CHILDREN and STUDENTS in the household up to and including grade 12.
 2) CIRCLE "s" for STUDENT or "O" for Other children that are not students to indicate the child's role in the household.

First	MI	Last	Circle One:	School Name	Grade
			S O		
			S O		
			S O		
			S O		
			S O		

If applicable, for each STUDENT in the household please ENTER the Name of the School where the student is currently enrolled and their current Grade.

If applicable, please CIRCLE if a CHILD/STUDENT is:	
Homeless Migrant Runaway Foster	Income
H M R F	Weekly Monthly
H M R F	Bi-Weekly Bi-Monthly
H M R F	Weekly Monthly
H M R F	Bi-Weekly Bi-Monthly
H M R F	Weekly Monthly
H M R F	Bi-Weekly Bi-Monthly

NOTE: For more information on "Sources of Income for CHILDREN/STUDENTS" and Income Frequency see the charts on page 2 (or reverse side) of this application.

CHILD/STUDENT INCOME Earnings from Work	CHILD/STUDENT INCOME from ALL OTHER SOURCES
GROSS INCOME	Income
ENTER total GROSS income amount (before deductions) in whole dollars only. (\$000)	
Weekly Monthly	Weekly Monthly
Bi-Weekly Bi-Monthly	Bi-Weekly Bi-Monthly
Weekly Monthly	Weekly Monthly
Bi-Weekly Bi-Monthly	Bi-Weekly Bi-Monthly
Weekly Monthly	Weekly Monthly
Bi-Weekly Bi-Monthly	Bi-Weekly Bi-Monthly
Weekly Monthly	Weekly Monthly
Bi-Weekly Bi-Monthly	Bi-Weekly Bi-Monthly

B. Assistance Programs
 Do any Household members (including you) currently participate in one or more of the following assistance programs: FNS, Work First Cash Assistance/TANF, or FDIPIR?
 NO YES
 If "YES" please provide a case number (only one)
 Case Number:
 then SKIP to SECTION E.

C. ADULT Household Members

1) For EACH ADULT household member (including yourself) ENTER ALL types and amounts of GROSS income received. Please INSERT a "0" to indicate NO INCOME where applicable. If an income field is left blank it certifies there is no income to report.
 2) USE whole dollar amounts only (no cents) (ex. \$1000). NOTE: For more information on Sources of Income for Adults and Income Frequency see the charts on page 2 (or reverse side) of this application.

LIST ALL ADULT household members (FIRST and LAST name) even if they do not receive income.	GROSS Income Earnings from WORK	Public Assistance/Alimony/Child Support	Pensions/Retirement/All Other Income	CIRCLE Frequency	
				Weekly Monthly	Bi-Weekly Bi-Monthly
Head of Household	\$	\$	\$	Weekly Monthly	Bi-Weekly Bi-Monthly
Other Adult	\$	\$	\$	Weekly Monthly	Bi-Weekly Bi-Monthly
Other Adult	\$	\$	\$	Weekly Monthly	Bi-Weekly Bi-Monthly
Other Adult	\$	\$	\$	Weekly Monthly	Bi-Weekly Bi-Monthly
Other Adult	\$	\$	\$	Weekly Monthly	Bi-Weekly Bi-Monthly

D. Household Total and Social Security Number (SSN)
 ENTER Total Number of Household Members (Children and Adults) HERE
 ENTER LAST FOUR DIGITS of SSN HERE (Head of Household or Primary Wage Earner ONLY)
 I do not have a Social Security Number

F. Child(ren)'s Ethnic and Racial Identities (Optional)
 SELECT one ethnicity:
 Hispanic or Latino
 Not Hispanic or Latino
 SELECT one or more (regardless of ethnicity):
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or other Pacific Islander
 White

E. Attestation: An adult household Member must sign the application. "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 (check) the information. I am aware that if I purposely give false information, my child(ren) may lose meal benefits and I may be prosecuted under State and Federal Laws."

Head of Household Signature: _____ Today's Date: _____ Email: _____
 Printed Name: _____ Contact Number: _____ State: _____ City: _____ Zip Code: _____

For Office Use Only

Total Household Members: _____ Total Household Income: _____ per: _____
 Income Conversion
 NOTE: If there are multiple income sources with more than one frequency, the SFA must annualize all income by multiplying:
 Weekly (x52) Bi-Weekly (x26) Monthly (x12) Bi-Monthly (x24) Annually

Eligibility Determination:
 Categorical Eligibility Free Reduced Denied
 Reason for Denial of Eligibility: _____

Determining Official's Signature & Date: _____
 Confirming Official's Signature & Date: _____
 Verifying Official's Signature & Date: _____

Sources of Income

Sources of Income for CHILDREN/STUDENTS	
Sources of Income	Examples
<ul style="list-style-type: none"> Earnings from work 	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages
<ul style="list-style-type: none"> Social Security -Disability Payments -Survivor's Benefits 	<ul style="list-style-type: none"> A child is blind or disabled and receives Social Security benefits A Parent is disabled, retired or deceased and their child receives Social Security benefits
<ul style="list-style-type: none"> Income from any other source 	<ul style="list-style-type: none"> A child receives regular income from a private pension fund, annuity or trust

Sources of Income for ADULTS

Earning from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All Other Income
<ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) <p><i>If you are in the U.S. Military:</i></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 benefits Worker's compensation Supplemental Security Income (SSI) Cash Assistance from State or local government Alimony payments Child support payments Veteran's benefits Strike benefits 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household

Income Frequency

Weekly = Once per week **Bi-Weekly** = Every two (2) weeks
Monthly = Once per month **Bi-Monthly** = Twice per month
Annually = Total salary per year

Please mail this application to:

Haywood County School Nutrition

5855 Crabtree Road

Clyde, NC 28721

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

USDA Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov

This institution is an equal opportunity provider.