



U.S. Department of the Interior
Bureau of Indian Education
Bureau-Operated Schools

Bureau of Indian Education

Riverside Indian School

101 Riverside Drive - Anadarko, OK 73005

Toll Free: (888) 886-2029 - Phone: (405) 247-6670 - Fax: (405) 247-8039

www.ris.bie.edu

Application for Admission 2023-2024 School Year

Dear Parents/Guardians

Riverside Indian School (RIS) is now accepting applications for students seeking admissions in grades 4-12 for the 2023-2024 school year. RIS is the oldest and largest off-reservation boarding school in the United States and has been in operation since 1871. We serve approximately 500 students representing 80 tribal nations from 23 states. It is our goal to provide a safe and positive learning environment for our students. We take pride in implementing cultural elements into our curriculum while fulfilling academic requirements of the Bureau of Indian Education and the Oklahoma State Department of Education.

The application includes a checklist of documents that must be submitted with the applications. If the application form is incomplete, inaccurate, or the required documents are not included, your application will not be considered. Completed applications are reviewed by the RIS Admissions Committee on a first come-first served basis due to space limitations. Falsification of information will result in a denial of the application or an immediate dismissal of the student if the information is discovered after the student has been accepted.

Travel is provided by RIS for accepted students and includes travel to school, home for the holiday break, back to school after the holiday break, and then back home at the end of the school year. Travel arrangements are based on information provided in the application. Any additional travel based on withdrawals or family emergencies is the responsibility of the parents/guardians.

Thank you for considering Riverside Indian School for your child's education. If you have questions or need additional information regarding this application or our school, please feel free to contact us at 405-247-6670 or visit the school website at www.ris.bie.edu

Sincerely,

A handwritten signature in black ink that reads 'Amber Wilson'.

Amber Wilson, Superintendent

EMERGENCY CONTACT

Name: _____ Relationship: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Work Phone: _____

3. SCHOOL(S) PREVIOUSLY ATTENDED

Have you completed a GED: Yes () No ()

School Name: _____ Date: _____ Grades: _____
 Address: _____ Attended: _____ Completed: _____
 City/State: _____ Reason for leaving: _____
 Student Participated in Special Education Program: Yes () No ()
 Student Participated in Gifted and Talented Program: Yes () No ()

School Name: _____ Date: _____ Grades: _____
 Address: _____ Attended: _____ Completed: _____
 City/State: _____ Reason for leaving: _____
 Student Participated in Special Education Program: Yes () No ()
 Student Participated in Gifted and Talented Program: Yes () No ()

School Name: _____ Date: _____ Grades: _____
 Address: _____ Attended: _____ Completed: _____
 City/State: _____ Reason for leaving: _____
 Student Participated in Special Education Program: Yes () No ()
 Student Participated in Gifted and Talented Program: Yes () No ()

I am legally responsible for this student and hereby apply for his/her admission to this school. I understand that additional information may be requested by the school before the student is enrolled.

 Signature of Parent/Legal Guardian/Adult Student

 Date

STUDENT TRAVEL INFORMATION

(REQUIRED for students living outside the state of Oklahoma ONLY)

*Please complete form if your student does **NOT** live in the state of OKLAHOMA. All out - of state students are **REQUIRED** to travel by plane at the beginning of the school year. If your student does not fly at the beginning of the school year, you will be responsible for his/her transportation during Christmas break and at the end of the school year.

STUDENT INFORMATION

Name: _____
(As it appears on their student ID/State ID)

Date of Birth: _____ Age: _____

Social Security Number: _____

Sex: Male Female

TRAVEL INFORMATION

Airport Used: _____

Please list any siblings/relatives that your child will need to fly with:

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

*If requesting to travel with other students, travel will not be scheduled until all students have been accepted.

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian/Adult Student: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (Home): _____ Phone (Work): _____ Phone (Cell): _____

Parent Email: _____

Parent Fax Number: _____

Any travel questions may be directed to Babette Dobson 405-247-8024 or 888-886-2029 ext. 261

LEGAL CUSTODY FORM
(PLEASE COMPLETE REQUIRED FORM)

Is child currently under ICW or State custody? (please circle) Yes No

Caseworker: _____

Tribe: _____

If yes, please provide a copy of custody documents.

I, _____, have legal custody
of (Print Parent/Guardian)

_____ as set forth by
(Print Student Name)

- Birth Divorce
- Decree
- Tribal Court

Please attach a copy of one of the above named documents and return with application. Is

there a restraining order in place? (please circle) Yes No

If yes, please give name of person _____

Parent/Guardian Signature: _____

Authorization for Medical Care of a Minor

I, _____ (Print Parent/Guardian's Name), the parent/legal custodian/legal guardian of _____ (Print minor's name).

DO HEREBY AUTHORIZE **RIVERSIDE INDIAN SCHOOL** to:

Act in my behalf, in the best interests of the child, in authorizing medical care or behavior or mental health care for him/her: (to include any vaccinations, x-ray, laboratory, anesthetic, medical, surgical or dental diagnosis and/or treatment) care to be rendered to the above named minor under supervision and upon advice of a physician, surgeon or dentist licensed to perform such care.

In giving this consent, I recognize and understand that in situations where the above named minor required immediate medical or hospital care, it may not be possible to contact me. In such situations, I authorize a physician, surgeon or dentist to exercise his/her professional judgment and assess risks incident to and choose the necessary treatment as he/she in professional judgment determines to be necessary for the health or safety of the above named minor.

_____ Date Signature of parent or person having legal custody or legal guardian

_____ Address City State Zip Code

_____ Phone Number (Home) Phone Number (Work)

Minor's Birth Date: _____

Social Security Number: _____

This form for Authorization for Medical Care of a Minor gives permission for a physician, surgeon or dentist to provide necessary care to a child whose parents are not immediately available. Riverside Indian School administration and staff, of course, will make every effort possible to contact you in case of an emergency.

Consent for Treatment

This form is to document that I give my permission and consent for my child to receive psychotherapeutic treatment (if deemed needed to _____
Name of Student
who is my _____
Relationship to Student

I understand that conversations with the therapist will usually be confidential. I further understand that therapists, by law, must report actual or suspected child or elder abuse to appropriate authorities. In addition, the therapist has a legal responsibility to protect anyone who may feel threatened with violence, harmful or dangerous actions and may break confidentiality of communications if such a situation arises. I understand that the therapist will attempt to resolve these situations before breaking confidentiality.

I know of no reasons why this therapy should not be undertaken for my child and agree to participation.

Parent/Guardian Signature

Date

Name: _____ Date: _____

Date of Birth: _____ Male: _____ Female: _____

What is the name of the clinic where the applicant receives care? _____

What is the date of the applicant's last physical exam? _____

Height: _____ Weight: _____

List any medications applicant is taking and the reason for taking medications: _____

Has applicant been hospitalized in the last two years? _____ NO _____ YES. If yes, describe reason? _____

Is applicant allergic to any food, medicine or has any other allergies? _____ NO _____ YES

If yes, describe _____

Does applicant use alcohol or drugs? _____ NO _____ YES

If yes, describe _____

Does applicant use tobacco? _____ NO _____ YES

If yes, describe _____

Is the applicant diabetic? _____ NO _____ YES

If yes, does the applicant take medicine for it? _____

Does the applicant have any health conditions staff needs to be aware of? _____ NO _____ YES

If yes, describe _____

Has the applicant had suicidal thoughts or verbalized thoughts or ideas, been depress? _____ NO _____ YES

If yes, describe _____

Has applicant ever had the following, check No or Yes:

- | | | | | | |
|---------------------|----------|-----------|------------------------------|----------|-----------|
| Bleeding Problem | _____ No | _____ Yes | TB or Lung Disease | _____ No | _____ Yes |
| Chest Pains | _____ No | _____ Yes | Asthma | _____ No | _____ Yes |
| Hepatitis | _____ No | _____ Yes | Sinus Trouble | _____ No | _____ Yes |
| Heart Murmur | _____ No | _____ Yes | Cancer or Tumors | _____ No | _____ Yes |
| Heart Attack | _____ No | _____ Yes | Seizures or Epilepsy | _____ No | _____ Yes |
| High Blood Pressure | _____ No | _____ Yes | Blood Transfusion | _____ No | _____ Yes |
| Rheumatic Fever | _____ No | _____ Yes | Sexually Transmitted Disease | | |
| Anemia | _____ No | _____ Yes | | _____ No | _____ Yes |
| Stroke | _____ No | _____ Yes | Kidney Problems | _____ No | _____ Yes |
| Ulcers | _____ No | _____ Yes | Liver Problems | _____ No | _____ Yes |

FEMALES ONLY

Is the applicant pregnant? _____ NO _____ YES

Is the applicant on any type of birth control? _____ NO _____ YES

These answers are true to the best of my knowledge.

Applicant's Signature: _____ Date: _____

Parent or Legal Guardian Signature: _____

Date: _____

Riverside Indian School Residential Checklist

Items provided by Riverside Indian School are in bold.

Bed and Bath

- Pillows
 - Blanket
 - Towels & Washcloths
- Optional if desired
- Shower Shoes/Flip Flops
 - Shower Caddy
 - Plastic Hangers

Laundry Supplies

- Detergent
- Optional if desired
- Dryer Sheets
 - Fabric Softener
 - Laundry Bag/Basket

Personal Supplies/Toiletries

- Soap/Shampoo
- Toothbrush/Toothpaste

Optional if desired

- Deodorant
- Tampons
- Prescription Medication(s)
- Hair Products/Hair Dryer
- Makeup/Moisturizers

- Shaving Accessories

***All razors, perfume, cologne & Medication will be given to HLA for safe keeping. ***

Identification/Money Optional if desired

- ATM Card*
- Driver's License/Identification

Electronics Optional if desired

- Alarm Clock
- Camera
- Music Player
- Cell Phone Charger
- Computer/Laptop-
-Don't forget the laptop's charger and locking cable
- Gaming System

*****The school is not responsible for theft or Loss of electronic devices*****

Miscellaneous

School Supplies

- | | |
|---|---|
| <input type="checkbox"/> Pens/Pencils | <input type="checkbox"/> Spiral Notebooks |
| <input type="checkbox"/> Calculator | <input type="checkbox"/> Tape/Post-its |
| <input type="checkbox"/> Dictionary/Thesaurus | |

Optional if desired

- Backpack
- Posters
- Plastic Food Storage containers with sealing lids*
- Dishware/Silverware - plastic
- Jacket/Coat*
- Umbrella*
- Sports Equipment (balls, pool sticks, skate boards - helmet required)

Prohibited Items

- Candles/incense
- Pets
- Toaster Oven
- Hot Plates
- Microwave
- Refrigerator
- Apparel that signify gang affiliation
- + Connotations &/or embellishments
- + Handkerchiefs/bandanas
- + Necklaces
- + "Colors"

- Clothing depicting
- + Drugs
- + Tobacco
- + Liquor
- + Explicit or implied sexual connotation
- "Sagging" clothes
- Midriff blouses/shirts
- See thru net or mesh blouses/Shirts
- Clothing with spaghetti straps
- Halter Tops
- Short Shorts

School Database Enrollment Form

Are you interested in having access to your student's information (*attendance, grades, behavior*) on our school's database? YES NO

*If answered "no", continue to the next page.

**If answered "yes", please provide the following information:

Parent/Guardian Name(s): _____

Phone (Home): _____ Phone (Work): _____ Phone (Cell): _____

Email: _____

List Student(s): _____

PARENTAL CONSENT FORM

1. FIELD TRIPS

I (we) hereby grant permission for the above student to participate in any organized school sponsored activity trip as approved by Riverside Indian School Administration.

I (we) understand the student will be properly chaperoned and all precautions will be taken to ensure his/her safety.

2. COMPETITIVE SPORTS

I (we) hereby grant consent/permission/authorization for the above student to participate in the competitive sports sponsored by Riverside Indian School.

3. PHOTOGRAPH RELEASE

I (we) hereby grant permission to the Riverside Indian School and Bureau of Indian Education for use of the above student's photograph and name for public information or exhibit purposes as deemed appropriate by representatives of the Riverside Indian School or Bureau of Indian Education. This includes Riverside web page internet displays. It is clearly understood that no royalty, fee or other compensation of any character will become payable to me by reason of such use or release.

Signature of Parent/legal Guardian

Date

HEALTH INSURANCE INFORMATION

Is your child covered under health insurance provided by a Private, Tribal, State, Federal, or

Local Health Insurance Provider? Yes No

Name of Provider: _____ Card Number: _____

Tribal Health Care Provider: _____ Card Number: _____

OHS Card Number: _____

Title-19 or Child Health Insurance Program Card Number: _____

Please provide a copy of your child's health insurance card

SCHOOL CHECKOUT POLICY

STUDENT NAME: _____

At the beginning of each year, the parents/guardians of Riverside Indian School students are required to sign an acknowledgment of rules for attendance, check-outs, and weekend passes for their children. The following policy will be understood and signed by the parent/guardian.

1. Student checkouts during the academic day are limited to the parent/legal guardian. Individuals who are not the parent/guardian will not be allowed to check students out during the academic day unless requested by the parent/guardian in writing.
2. Individuals **must be 25 years or older** to be added and approved to a student checkout list. Individuals who fail to comply with RIS checkout policies will be removed from student checkout lists. PERMISSION NOTES WILL BE ACCEPTED AND APPROVED AT RIVERSIDE INDIAN SCHOOL ADMINISTRATION'S DISCRETION.
3. All overnight checkouts by someone other than the legal guardian must be pre-approved by the guardian and RIS administration
4. Checkout forms will be provided by the school.
5. Students may be checked-out through the school offices, Dorm Wing, or with the designated Duty Officer.
6. Students who are on campus restriction may only be checked out by the legal guardian.
7. All check-outs are subject to final approval by the School Administration.

I have read and understand the listed rules as stated above:

Signature of Parent/Guardian

Date

STUDENT CHECK OUT INFORMATION (MUST BE 25 YEARS OF AGE OR OLDER)
Provide the name and relationship of individuals who you are giving consent to check out your child

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I am legally responsible for this student and hereby apply for his/her admission to this school. I understand that the school my request additional information before student is admitted.

Signature of Parent/Legal Guardian/Adult Student: _____ Date: _____

Failure to provide inclusive and accurate information could result in immediate dismissal.

_____ I do not wish to have my child checked out by anyone other than myself.

SOCIAL SUMMARY

The enrollment of your child in a federal government boarding school should be a shared and continuous responsibility with you as parent(s) and/or guardian(s) or responsible relative-particularly, in reference to your child's social and educational development while he/she is in attendance at a boarding school. Therefore, we seek your cooperation in the completion of the following questions with your answers being handled in a confidential manner. Please continue on another sheet of paper if more space is needed.

1. In your own words, state your reason for wanting your child to attend boarding school at this time.
2. Briefly tell us about your child. How do you as a parent/guardian see and feel about him/her. What kind of behavior and attitude do you believe can be expected from your child while he/she is in boarding school?
3. Describe what you believe to be your child's interests, talents, or special abilities.
4. Has your child any specific problems which you think the school personnel should know about so they can be prepared to help in the best way they can?
5. With the knowledge that the boarding school will provide room and board for nine (9) months for your child, will you be able to provide school clothing and miscellaneous spending money on a regular basis?
6. Children living away from their families crave and need constant contact with their parents to reassure themselves everything is okay at home and their parents care about them. Would you share with us how often you feel you will be writing letters, telephoning, visiting at the school, or having your child visit at home.
7. Home visits during the year may be beneficial to your child, however, when he/she overstays his leave or drops out of school, it hurts your child's educational development and interferes with the school program. In most cases, the decision to overstay leave or drop school is made by the child and not the parent. We are interested in your reaction to this type of situation and would like to know how you, the parent, can help avoid having this happen to your child.

Have you discussed these questions and answers with your child? (*please circle*)

Yes

No

STUDENT CODE OF CONDUCT

The following rules and regulations shall apply to all enrolled students of Riverside Indian School and remain in *effect* during the academic year for the purpose of establishing and maintaining an orderly atmosphere conducive to an effective teaching-learning-living environment appropriate with approved educational program in federal boarding schools:

1. The use and/or possession of the following is prohibited: (a) alcoholic beverages; (b) illegal drugs, such as marijuana; (c) inhalants such as paint, glue, gasoline, etc. (d) Tobacco.
2. Unauthorized leave from the campus of the following types will not be tolerated: (a) absent without Official leave-AWOL; (b) absence from classroom, assembly, or other school functions; (c) excessive tardiness; (d) excessive absence such as checking out on Friday and failure to return by curfew Sunday evening from weekend check-out.
3. Failure to fulfill proper check-out and check-in procedures when leaving or returning to campus will result in loss of check-out privileges.
4. All students are required to perform assigned work details and abide by the dorm's rules of operations.
5. Possession or use of any instrument that is intended as a weapon for assault including but not limited to: explosives, firearms, knives, straight razors, clubs or fireworks are prohibited. Toy guns, water guns, or any replica of any weapon is not allowed.
6. None of the following will be tolerated and may lead to legal prosecution: (a) theft; or (b) damage to private property; (c) unauthorized entry of government or personal property; (d) gambling; (e) being under the influence of drugs or alcohol.
7. Disrespectful, violent or defiant actions are not permitted and will be documented on an incident report form.
8. Engaging in defacement or destruction of personal or government property is prohibited. This would also include any act of desecration of the American Flag.
9. Willful or defiant disobedience to a reasonable request by a staff member shall be a violation of school rules.
10. Students will be liable for all unauthorized charges made to government telephones as well as charges made from pay telephones.

I fully understand the foregoing "Student Code of Conduct", and if accepted as a student at Riverside Indian School, I agree to abide by these rules:

Date: _____ Student Signature: _____

I, the parent/guardian, have read the foregoing rules and will encourage my child to abide by the prescribed "Student Code of Conduct," further I agree to cooperate in resolving any disciplinary problems that may involve my child:

Date: _____ Parent Signature: _____

Riverside Indian School SPECIAL PROGRAM FORM

Student Name: _____

EDUCATION INFORMATION:

1. List all schools student attended in the last year: _____

2. Did the student miss 15 or more days in the last year? (please circle) YES NO

3. Has student ever been suspended? (please circle) YES NO Expelled? YES NO

If yes, date and reason must be given:

4. Had student ever received extra help in school? (please circle) YES NO

If yes, please check one of the following: _____ Tutoring _____ Special Education _____ G & T

MEDICAL INFORMATION:

1. Does the student have any medical problems which might interfere with school attendance and/or need medical care while in school? _____ YES _____ NO If yes, please list: _____

2. List any medication(s) taken regularly: _____

3. Is the student allergic to any type of medication(s)? _____

4. Does the student wear glasses or contacts? (circle) YES NO Examination needed? YES NO

5. Hearing and/or ear problems? (circle) YES NO If yes, please explain: _____

SOCIAL INFORMATION:

1. Is the student a ward of the court? _____ YES _____ NO If yes, a copy of court order must be submitted.

2. Has student ever been arrested? _____ YES _____ NO If yes, what were the violation(s)?

3. Has student ever been in jail or detention center? _____ YES _____ NO If yes, how many times? _____

4. Does Student have a probation/parole officer? _____ YES _____ NO Student have a criminal record? _____ YES _____ NO

5. Has student ever received counseling, therapy or been in a treatment facility? _____ YES _____ NO

Name: _____ County: _____

Phone: _____

I, the parent/legal guardian of the above mentioned student hereby certify the information is true and accurate to the best of my knowledge and I understand that Riverside Indian School will verify all information. Any false statement or misrepresentation or omission of required in application will result in denial of application immediate dismissal.

Student Signature

Date

Signature of Parent/Guardian

Date

STUDENT POLICIES

The staff of Riverside Indian School wants to provide a positive learning environment for our students. Our major concerns are to encourage strong academic progress and to create a safe, effective classroom and dormitory situation. Therefore, we have adopted policies regarding gang-related activities and more intense surveillance in relation to drugs and alcohol.

SEARCH AND CONFISCATION POLICY

Riverside Indian School, in their desire to provide for health, safety, and general welfare of the students with whom they are entrusted will conduct periodic random searches for illicit drugs, alcohol and weapons. The search may include all personal items and school assigned items. Searches may be conducted with a dog trained to detect illicit drugs and alcohol. Illicit items will be promptly confiscated when found. Students eighteen years of age or older who are found to be in possession of illegal items may be turned over to the local law enforcement authorities.

GANG BEHAVIORAL POLICY

Riverside Indian School recognizes that gang activity in any form threatens the safety and well-being of individuals and is disruptive and harmful to the education process. Riverside Indian School refuses to allow gang activity to be associated with any aspect of the educational environment and prohibits the following behavior:

- Gang initiation or hazing
- Gang graffiti or tagging in any form
- Gang hand signs or gestures
- Gang solicitation or recruitment
- Threats or intimidation
- "Representing" of gang affiliation in any form (clothing and behavior)
- Any other gang-related activity that leads school officials to reasonably believe that such behavior is disruptive and/or threatening to the health and safety of students and staff.

At the discretion of Riverside Indian School authorities, a violation of the personal appearance and/or behavioral policy may result in the student being required to sign a "Gang Contract" promising to not engage in gang behavior. A violation of such contract may potentially result in disciplinary action up to and including a recommendation for expulsion.

CELLPHONES

Due to disruption of the educational process, cell phones will not be allowed during school hours. Cell phones that are seen during school hours will be confiscated and may be sent home.

My signature below indicates that I have been informed of the policy:

Parent/Guardian Signature

Date

Student Signature

Date

Acceptable Use Policy

Internet and network access is provided to the students and staff at Riverside Indian School. Education is the primary function of Riverside Indian School. Computers are tools with which to perform research, retrieve information, compile data, and create documents.

By signing the Acceptable Use Policy, the students, staff, and students' parents or guardian agree to obey the rules outlined in this policy. It includes responsibilities when using the network and internet and the consequences when the privileges are abused.

The use of equipment, computers, network resources, and internet is a privilege, not a right, and inappropriate use will result in a cancellation of these privileges.

Network Etiquette-Users are expected to abide by the general accepted rules of network etiquette. These include but are not limited to the following:

- Be polite. Messages should not be abusive to others.
- Use appropriate language. Do not swear, use vulgarities or any other inappropriate language.
- Do not reveal personal addresses, credit card numbers, and phone numbers.
- Illegal activities are strictly forbidden.
- Electronic mail is not guaranteed to be private. People who operate the system do have the access to all mail.
- Message relating to or in support of, illegal activities may be reported to the authorities.
- Do not use the network in such a way that others' use of the network would be disrupted.

Users agree to abide to the following:

- Use of the network must be in support of education and research.
- Users must not reveal their password or use other users' passwords.
- Shall not damage computers, computer systems or computer networks, which includes altering software components of a computer system, and removing any identification tags/stickers located on the computer itself.
- Transmitting or intentional receipt of hate mail, harassment, and other antisocial behaviors are prohibited on the network.
- Shall not use the network to access or process pornographic material, inappropriate text files, or any illegal activity.
- Shall not conduct any kind of personal business transaction.
- Students agree not to play games on the computers unless authorized by monitoring staff member.
- Agree not to use the chat rooms.
- Agree not to send chain letters.
- Students shall not send, receive or check personal E-mail, except before or after school.

Computer Lab usage:

- All staff is responsible for monitoring student activity on the network. The staff members assigned to a group of student is responsible for monitoring and overseeing their network and internet activity.
- No food or drinks in the Computer Labs.
- Teachers are expected to have lesson plans before students use the internet, which includes pre-researching sites that are used.

Consequences of unacceptable use are:

- Suspension and/or termination of network and internet privileges.
- And/or additional disciplinary action as determined at the administrative level regarding unacceptable language and/or behavior.
- And/or referral to law enforcement authorities for criminal or civil prosecution.



**United States Department of the Interior
BIE – Albuquerque Education Resource Center
Riverside Indian School**
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(405) 247-6670 • 1-888-886-2029



HOME LANGUAGE SURVEY
School Year 2023-2024

Student's Name: _____ Grade: _____

Dear Parents and Guardians:

In order to help your student succeed in school, we ask that you please answer the following questions for each student in your family. Your answers will help us in creating the best possible educational program for your student's language development.

1. What was the first language(s) your student learned? _____
2. What language(s) does your student understand?
 English Other language (list) _____
3. What Language(s) does your student use when speaking to family members?
 English Other language (list) _____
4. Do any family members or friends speak another language at home?
 English Other language (list) _____
5. What other language(s) is your student exposed to outside school?
 English Other language (list) _____

Do you need an interpreter to complete this form? Yes ____ NO ____

Parent/Guardian Signature: _____ Date: _____

Document will be kept in student's file per Family Educational Rights and Privacy Act regulations (FERPA). If you have any questions regarding this survey please contact school Principal.

Official Use:		
ELL Coordinator: _____	Reviewed survey on (Date) _____	Contacted parent on (Date) _____
Notes:		



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English Language Learner Program

PARENT PERMISSION TO ASSESS

Dear Parents:

This letter is to inform you that your son or daughter, _____, may be
Student Name

Limited English Proficient Language Learner based on the Home Language Survey you completed. To further verify your student’s level of English language Acquisition we would like to administer a pre-assessment, the WiDA Screener.

If your student is identified as a Limited English Language Learner (ELL) after the pre-assessment he or she will be provided with additional academic language supports in the classroom.

I, _____, give permission for the school to administer the WiDA
Parent and/or Guardian Name

Screener to my child.

The goal of additional supports in the classroom is to develop proficiency in academic English and to provide student success. Although parents have the prerogative to decline support service to their child, it is strongly recommended that students receive academic support services that this program provides.

In February, WiDA ACCESS assessment will be administered to your student. When your son or daughter becomes English proficient according to WiDA Proficiency Assessments, your child will be exited from the Limited English Language Learner (ELL) program and monitored for 2 year.

Results of the WiDA ACCESS, which indicates your child’s level of English proficiency, are sent home with your child annually. For English Language Learners who are also Special Education students, their Individual Education Plan (IEP) will reflect acquisition of English Fluency objectives.

Grant Permission to Assess:

I, _____, give my permission to administer the WiDA ACCESS Language
Parent and/or Guardian Name
assessment each year until my child, _____, meets the Bureau of Indian
Student Name
Education (BIE) requirements of an over score of 4.5.

Parent/Guardian Signature

Date

If you have questions, please contact administration at (405) 247-6670.



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Gifted and Talented Education Program (GATE)

NOTIFICATION OF NOMINATION & CONSENT FOR ASSESSMENT

Dear Parent,

If your child, _____, is nominated to the Gifted and Talented Education program in one for the following categories: (For definitions see enclosed document “areas of Gifts and Talents”)

To Be Completed by GATE Staff	
<input type="checkbox"/> Intellectual Ability	<input type="checkbox"/> Leadership
<input type="checkbox"/> Creativity and/or Divergent Thinking	<input type="checkbox"/> Visual or Performing Arts
<input type="checkbox"/> Academic Aptitude and/or Achievement	

To continue the process of verifying the eligibility of your child into the GATE Program your written consent is required for the school to gather work samples and documents which supports the nomination, plus to assess and/or evaluate your child.

GRANT Permission to Assess & Evaluate

I, _____, give my permission and/or consent for the GATE program coordinator and/
Parent &/or Guardian Name or teacher to gather further information on my child that will support this
GATE nomination (*to assist us in the process, please complete the
Questionnaire and return it to the school*)

AND

I, _____, give my permission and/or consent for my child to be evaluated in the area
Parent &/or Guardian Name listed above to determine if my child is eligible for the GATE program.

I understand the assessment may include the following:

- ◆ Art Portfolio Assessment
- ◆ Musical Performance Assessment
- ◆ Kaufman Brief Intelligence Test
- ◆ Ravens Progressive Matrices
- ◆ Torrance Tests of Creative Thinking
- ◆ Other appropriate gifted measure
- ◆ Gifted Rating Scales – 4th through 8th grade
- ◆ Shipley Institute of Creative Living
- ◆ Renzulli Scales for rating the behavioral characteristics of superior students
- ◆ Trail making Test – Part B

Formal assessments will be administered

Parent &/or Guardian Signature

Print Parent &/or Guardian Name

Date

After testing is completed, you will be scheduled for a meeting to discuss the results and a consensus for placement into the GATE program will be determined.

School use: _____ Date Received: _____ GATE staff initials: _____



United States Department of the Interior
BIE – Albuquerque Education Resource Center
Riverside Indian School
101 Riverside Drive • Anadarko, OK 73005
(405) 247-6670 • 1-888-886-2029



Gifted and Talented Education Program (GATE)

PARENT AND/OR GUARDIAN CONSENT TO PARTICIPATE

I, _____, will participate in the development of my child’s Individualized Educational Plan (IEP) and give my permission and consent for my child, _____, to participate and receive services in the GATE Program. The services will be defined and explained to me and I will show my satisfaction by participating and signing my child’s IEP which will explain how GATE services will benefit my child.

I understand that updates on the progress of my child’s achievement will be provided every Academic Quarter. In addition, at the end of each school year I will receive a copy of the Annual Evaluation Progress Report. I hereby certify that I have been advised of my rights to inspect education records, to question such records, and to obtain copies of all records pertaining to my child.

I recognize my right to discontinue the participation of my child in the GATE program at any time and will provide written notice to the school immediately.

Required Signatures

Parent &/or Guardian Signature

Print Parent &/or Guardian Name

Date

Student Signature

Print Student Name

Date

School use:

Date Received: _____

GATE staff initials: _____



Riverside Indian School

"HOME OF THE BRAVES"
101 Riverside Drive, Anadarko OK 73005

MCKINNEY – VENTO INTAKE AND REFERRAL FORM

Name of School: _____

Name of Student: _____
Last First Middle

Gender: Male _____ Date of Birth: ____/____/____ Grade: _____ Tribe: _____
Female _____ Month Date Year (preschool-12)

Address: _____ Phone: _____

Physical Address: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they do not have documents normally required, such as proof of residency, school records, immunization records or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (please check **one** box)

- In a shelter
- With more than one family or other person in house, mobile home or apartment because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled up")
- In a hotel/motel
- In a car, park, bus, train or campsite
- Other temporary living situation (Please describe): _____
- In permanent housing

Print name of Parent, Guardian or Student (for unaccompanied homeless youth)

Signature of Parent, Guardian or Student (for unaccompanied homeless youth)

Print name: McKinney-Vento Liaison

Signature: McKinney-Vento Liaison

Date

The programs below are offered to 11th and 12th graders through the Caddo-Kiowa Technology Center. Riverside students who choose to attend the technology center for a program listed below, must be in good academic standing and up to date with graduation requirements. Interested students please contact Carla Whiteman through email Carla.whiteman@bie.edu or 405-247-4167.

HIGH SCHOOL PROGRAMS AT THE TECH



AUTO SERVICE TECHNOLOGY

How would you like to learn how to work on our vehicles in a highly-advanced industry? At Caddo-Kiowa Technology Center, you will learn to diagnose, repair and maintain important and delicate cars and learn to use the advanced diagnostic equipment. The shop at CTKC is modern facility filled with professional and state-of-the-art equipment in today's industry. Many employers look for candidates with modern mechanics or technicians who possess a certificate, diploma or associate degree from an accredited school. Caddo-Kiowa Technology Center's Auto Service Technology Program can provide you with all of this and more!

BIOMEDICAL SCIENCES

Do you like to investigate? Do you need to know how something happened and why? If so, the Biomedical Science program at CTKC is for you. The program challenges you to discover the answer with hands-on activities in crime scene investigation, human anatomy, genetics, disease research, experimental design, and much more. Biomedical Science courses are designed to help prepare you for college, or well. Many students of the program go on to advanced degrees such as laboratory assistant, biomedical engineer, doctor and nurses, veterinarians, pharmaceutical or forensic scientists. Let CTKC's Biomedical Sciences Program be the answer to your why!

BUSINESS INFORMATION TECHNOLOGY

In our Business Information Technology Certificate program, you learn the foundational skills needed for employment in the business industry. The program provides the skills needed for today's office professional. From computer basics and popular software applications, to business communication, marketing, and design, there is a path to finding your business skills. You can choose from a variety of courses that range from Microsoft Office Assistant, Electronic Health Records and Insurance Center to Desktop Publisher or Graphic Designer. Learn from skilled professionals at CTKC and earn your certificate today!

CONSTRUCTION TECHNOLOGY

If working with your hands, using tools, and creating finished products interests you, allow construction training to develop your talents as a professional. CTKC's Construction Technology program teaches you the skills needed to get an entry-level position in the construction industry. With hands-on construction projects, you learn advanced skills in a live-work setting. You work alongside skilled instructors, or well to industry professionals. Build more than a project with CTKC's training program. Build your future now!

COSMETOLOGY

There is a demand for positive people who help others look their best. In fact you may already do this, so why not consider it a career? Cosmetology allows you to provide clients creative personal care services for hair, skin and nails. And because experience is valued in our profession, you already help clients realize and set. CTKC's Cosmetology Program provides you quality education from professional cosmetologists in a safe service, therapeutic and spa environment. Let your passion to work, be your own boss and join Cosmetology!

CRIMINAL JUSTICE

Are you looking for a career in law enforcement? If so, Criminal Justice is designed to give you the best practical training and integrated learning experience for success in Law Enforcement. This organization and delivery of instruction in this course will help prepare you for future employment in a higher pay electronic, General Justice courses on discipline, professionalism and high performance skills!

CULINARY ARTS

If you have an interest in culture, a love for food and a creative flare, a career in the culinary arts can make your passion your work. In CTKC's Culinary Arts Program you learn with a professional chef/training chefs in a full service kitchen, consistently preparing and arranging food so that it is pleasing to the palate and the eyes. Careers in Culinary Arts include baking, pastry chef, catering, executive chef, personal chef, restaurant owners and more. Find your recipe for success in CTKC's Culinary Arts Program now!

DIESEL SERVICE TECHNOLOGY

Facing the problem and fixing it is a very rewarding job. At CTKC's Diesel Service Program, you learn to diagnose and repair diesel fuel systems, perform hydraulic services, and understand the technical systems of trucks, trailers, through hands-on training using equipment from leading brands in the industry. You perform a variety of maintenance and repair services, from oil changes to full or major rebuilds. Once you complete the program, you will have the opportunity to receive ASE Certification. Join CTKC's Diesel Service Program and help keep trucks on the road!

DIGITAL IMAGING & PRINTING

Do you have aspirations of creating digital images, animation and screenshots for the world to see? The Digital Imaging and Printing Program at CTKC gives you skills to design and develop content for video games, websites, animation, special effects and marketing initiatives (from concept to completion). Learn from highly trained experts the complete applications, print technology and customer service needed to meet the demands of media marketing. Design your career at CTKC!

EARLY CARE EDUCATION

Early childhood education equips children with the skills and capacity to be effective and engaged learners. If you love working with kids, and have the heart of a teacher, then you have found your true calling. In the Early Care Education program you can obtain an Early Level Child Care Training Certificate and Bachelor's Assistant State Certification for employment in early care facilities and child development centers. If you enjoy creating fun and engaging activities and shaping the development of children, then this is the career for you!

HEALTH CAREERS

Is your focus in the medical field? Care explore the various roles and responsibilities within the healthcare industry and discover your future career. With CTKC's Health Careers Program, you gain basic certification to enter the medical industry. For more advanced learn the foundations of healthcare and complete training for the long term Care like side certification. During your second year, you earn the phlebotomy certification. CTKC certifies and helps meet ongoing requirements. Health Careers is a great avenue to open the door to advanced health careers training. Let CTKC help you become a successful health professional!

HVAC

Do you enjoy working on complex systems, interacting with people, and not being worried to a job or a complete all day every day? Then consider a career in the Heating, Ventilation and Air Conditioning industry. CTKC's HVAC Program teaches you to design, fabricate, install and maintain heating, or conditioning, ventilation and refrigeration systems. Learn from skilled leaders in the industry on how to use emerging technologies and advanced equipment in the field. Start your end career in HVAC today!

PRE-ENGINEERING

Whether you are interested in, it begins with CTKC's Pre-Engineering Program. Gain a clear outlook of what it takes to become a mechanical, electrical, civil, software, or aerospace engineer. While working with hands-on projects and using the latest industry software, CTKC teaches you to think and problem like an engineer. Hands-on based assignments will have you researching, designing, and presenting solutions to real-world engineering problems. Learn to think critically, work collaboratively and explore how math and science work in everyday life. Start building your future today!

WELDING

When technicians and engineers use creative design, safety on one of those who bring it to reality. CTKC's Welding Program combines industrial hands-on classroom and critical work that can be applied to a vast array of jobs and industries. Using computer-aided design and software, CTKC teaches you to think and problem like an engineer. Hands-on based assignments will have you researching, designing, and presenting solutions to real-world engineering problems. Learn to think critically, work collaboratively and explore how math and science work in everyday life. Start building your future today!



PLEASE DO NOT RETURN THE FOLLOWING PAGE WITH THE APPLICATION

NOTE:

THE SCHOOL REFERENCE FORM MUST BE MAILED OR FAXED

DIRECTLY TO

RIVERSIDE INDIAN SCHOOL

FAX: 405-247-8039

(REFERENCE FORMS RETURNED BY THE STUDENT WILL NOT BE ACCEPTED)

IF YOUR STUDENT IS A RETURNING STUDENT, HAVING COMPLETED THE SPRING 2021 SEMESTER AT RIVERSIDE, YOU DO NOT NEED TO INCLUDE THE SCHOOL REFERENCE FORM IN YOUR APPLICATION.

School Reference Form

To be completed by a Teacher, Principal or Counselor

Student Name: _____

The above student has applied for admission to Riverside Indian School. Please complete the following and return directly to the school. (Reference forms returned by the student will not be accepted.)

1. How long have you known the student? _____ Current Grade Level: _____ School year 2023-2024
2. What discipline and attendance problems, if any have you encountered with the student? _____
3. Has student ever been suspended? YES NO
If yes, explain: _____
4. Has student ever been expelled? YES NO
If yes, explain: _____
5. What is the student's Cumulative Grade Point Average? _____
6. How is the student's classroom behavior? _____
7. Is the student in the Special Education Program? _____
If yes, what category? _____

Comments:

Teacher/Principal/Counselor Name (Please Print): _____

School: _____ Phone: _____ Fax: _____

Signature/Title: _____ Date: _____

We appreciate your time completing this form.

Sincerely,
RIS Admissions Committee

**Please mail or fax directly to:
Riverside Indian School
101 Riverside Drive
Anadarko, OK 73005
Fax: (405) 247-8039**

OSSAA PHYSICAL EXAMINATION AND PARENTAL CONSENT FORM

PLEASE PRINT

DATE OF EXAM _____

Name _____ Sex _____ Age _____ Date of Birth _____

Grade _____ School _____ Sport(s) _____

Address _____ Phone _____

Personal physician _____ Phone _____

In case of emergency, contact: Name _____

Relationship _____ Phone (H) _____ (W) _____

Explain "Yes" answers below. Circle questions you don't know the answers to.

	YES	NO		YES	NO
1. Have you had a medical illness or injury since your last check up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an ongoing or chronic illness?	<input type="checkbox"/>	<input type="checkbox"/>	8. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been hospitalized overnight?	<input type="checkbox"/>	<input type="checkbox"/>	9. Do you cough, wheeze, or have trouble breathing during or after activity?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	<input type="checkbox"/>	<input type="checkbox"/>	10. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	11. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a rash or hives develop during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Do you wear glasses, contacts, or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	12. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below.		
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
Has any family member or relative died of heart problems or of sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/calf
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper arm		<input type="checkbox"/> Foot
6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	13. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	15. Record the dates of your most recent immunizations (shots) for:		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____ Measles _____		
			Hepatitis _____ Chickenpox _____		

Explain "Yes" answers on a separate sheet.

The above information is correct to the best of my knowledge. I hereby give my informed consent for the above-mentioned student to participate in activities. I understand the risk of injury in athletic participation. If my son/daughter becomes ill or is injured, necessary medical care can be instituted by physicians, coaches, trainers or other personnel properly trained. I further acknowledge and consent that, as a condition for participating in activities, identifying information about the above-mentioned student may be disclosed to OSSAA in connection with any investigation or inquiry concerning the student's eligibility to participate an/or any possible violation of OSSAA rules. OSSAA will undertake reasonable measure to maintain the confidentiality of such identifying information, provided that such information has not otherwise been publicly disclosed in some manner.

Signature of parent/guardian _____ Date _____

Signature of athlete _____

PREPARTICIPATION PHYSICAL EVALUATION

PLEASE PRINT

DATE OF EXAM _____

Name _____ Date of Birth _____

Height _____ Weight _____ Body fat (optional) _____% Pulse _____ BP _____ / _____ (_____ / _____ , _____ / _____)
Initial BP Post Exercise 5 Min. Post Ex.

Vision: R 20/ _____ L 20/ _____ Corrected Y / N Pupils: Equal _____ Unequal _____

MEDICAL	Normal	Abnormal Findings
Appearance		
Eyes/Ears/Throat		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitalia (male only)		
Skin		
MUSCULOSKETAL		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

CLEARANCE

() Cleared

() Cleared after completing evaluation/rehabilitation for: _____

() Not cleared for: _____ Reason: _____

Recommendations: _____

Name & Title of Examiner (Print/Type) _____ Date _____

Address _____ Phone _____

Signature of Examiner _____

Household Application for Free and Reduced Price School Meals

Apply online:

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper.)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
 Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

Child's First Name	MI	Child's Last Name	DOB	School Name	Grade	Student? Yes No	Foster Child Migrant, Runaway	Homeless, Migrant, Runaway

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDI/PR?

IF NO > Go to STEP 3. **IF YES** > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income
 Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

B. All Adult Household Members (including yourself)

Child Income: \$

How often?
 Weekly Bi-Weekly 2x Month Monthly

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) 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 Member (First and Last)	How often?			Public Assistant/ Child Support/Alimony	How often?			Pensions/Retirement All Other Income	How often?			
	Weekly	Bi-Weekly	2x Month		Monthly	Weekly	Bi-Weekly		2x Month	Monthly	Weekly	Bi-Weekly

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member:

Check if no SSN

Are you unsure what income to include here? Flip the page and review the charts titled 'Sources of Income' for more information.
 The 'Sources of Income for Children' chart will help you with the Child Income section.
 The 'Sources of Income for Adults' chart will help you with the All Adult Household Members section.

STEP 4 Contact information and adult signature. Mail Completed Form To:

"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 children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

INSTRUCTIONS

Sources of Income

Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security - Disability Payments - Survivor's Benefits	- 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
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- 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	- 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

OPTIONAL

Children's Racial and Ethnic Identities

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 Not Hispanic or Latino
 Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

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.

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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider.

Do not fill out

For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12

Total Income

How often?
 Weekly BiWeekly 2x Month Monthly

Household Size

Categorical Eligibility

Eligibility:
 Free Reduced Denied

Determining Official's Signature

Date

Confirming Official's Signature

Date

Verifying Official's Signature

Date

Street Address (if available)

Apt #

City

State

Zip

Daytime Phone and Email (optional)

Printed name of adult signing the form

Signature of adult

Today's date