

# WOODLAWN HIGH SCHOOL STUDENT HEALTH INVENTORY

CHILD'S NAME: \_\_\_\_\_  
BIRTHDATE: \_\_\_\_\_ GRADE \_\_\_\_\_  
MEDICAL CARD # \_\_\_\_\_

## PARENTS' OR GUARDIANS' INFORMATION:

NAME \_\_\_\_\_  
RELATIONSHIP TO CHILD \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ CELLULAR \_\_\_\_\_  
WORK PHONE \_\_\_\_\_ PAGER \_\_\_\_\_

## NAME OF RESPONSIBLE ADULT WHO WILL ASSUME RESPONSIBILITY FOR THE STUDENT IF PARENT/LEGAL GUARDIAN CANNOT BE REACHED.

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
PHYSICIAN'S NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
DENTIST'S NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
CLINIC OR HOSPITAL \_\_\_\_\_ TELEPHONE \_\_\_\_\_

## DOES THE STUDENT HAVE:

ALLERGIES? YES \_\_\_ NO \_\_\_ PLEASE LIST \_\_\_\_\_ EMERGENCY ACTION REQUIRED? YES \_\_\_ NO \_\_\_

IF SO WHAT ACTION: \_\_\_\_\_

BEE STING ALLERGY? YES \_\_\_ NO \_\_\_ EMERGENCY MEDICATION NEEDED YES \_\_\_ NO \_\_\_

ASTHMA? YES \_\_\_ NO \_\_\_ TRIGGERS: \_\_\_\_\_ TREATMENT: \_\_\_\_\_

DIABETES? YES \_\_\_ NO \_\_\_ TAKES INSULIN? YES \_\_\_ NO \_\_\_

SEIZURES/EPILEPSY? YES \_\_\_ NO \_\_\_ TYPE OF SEIZURE: \_\_\_\_\_ DATE OF LAST SEIZURE: \_\_\_\_\_

HEART CONDITION? YES \_\_\_ NO \_\_\_ ANY PHYSICAL RESTRICTIONS? \_\_\_\_\_

BONE/JOINT PROBLEMS? YES \_\_\_ NO \_\_\_ ANY PHYSICAL RESTRICTIONS? \_\_\_\_\_

VISION PROBLEMS? GLASSES: YES \_\_\_ NO \_\_\_ CONTACTS: YES \_\_\_ NO \_\_\_ LAST EYE EXAM: \_\_\_\_\_

HEARING PROBLEMS: FREQUENT EAR INFECTIONS? YES \_\_\_ NO \_\_\_ TUBES? YES \_\_\_ NO \_\_\_

OTHER HEALTH INFORMATION OR CONCERNS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CURRENT MEDICATIONS \_\_\_\_\_  
\_\_\_\_\_

I HEREBY RELEASE THE SCHOOL NURSE OR EMPLOYEE OF WOODLAWN COMMUNITY H.S. DIST #205 TO CONTACT THE ABOVE LISTED PHYSICIAN OR YOUR FAMILY MEDICAL FACILITY, JEFFERSON COUNTY HEALTH DEPARTMENT BY PHONE, FAX OR MAIL REGARDING MY CHILD, FOR THE PURPOSE OF PROVIDING INFORMATION (IMMUNIZATIONS RECORDS, SCHOOL HEALTH EXAMINATIONS, MEDICATION, OR TREATMENTS) MEDICALLY NECESSARY FOR MY CHILD'S WELL BEING AT SCHOOL. IN THE EVENT A PARENT CANNOT BE CONTACTED THIS RELEASE GIVES WOODLAWN COMMUNITY H.S. DIST. #205 PERMISSION TO SEEK MEDICAL ATTENTION AND TRANSPORT YOUR CHILD IN CASE OF AN EMERGENCY.

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



# WOODLAWN UNIT SCHOOL DISTRICT #209

300 NORTH CENTRAL LANE  
WOODLAWN, ILLINOIS 62898  
PH: 618.735.2631 FAX: 618.735.2032  
WWW.WOODLAWNSCHOOLS.ORG

*Eric Helbig*, Superintendent



Woodlawn High School  
300 North Central Lane  
Woodlawn, IL 62898  
PH: 618.735.2631  
FAX: 618.735.2032

*Eric Helbig*  
Principal



Woodlawn Grade School  
301 South Central Lane  
Woodlawn, IL 62898  
PH: 618.735.2661  
FAX: 618.735.2288

*Sandra Kabat*  
Principal

## AUTHORIZATION and PERMISSION for ADMINISTRATION of MEDICATION

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

### Parental Authorization:

I, the parent of \_\_\_\_\_, a student at Woodlawn Unit School District #209, hereby acknowledge that I am primarily responsible for administering medication to my child. However, during school hours when I am unable to administer or in the event of an emergency, I hereby authorize Woodlawn Unit School District #209 and its employees, on my behalf to attempt to administer to my child (or allow my child to self-administer, while under the supervision of the employees and agents of the school district), the following named prescription medication, non-prescription medication or over-the-counter medication following manufacturer's guidelines or prescription medication as ordered by the physician.

I acknowledge that prescription medication, non-prescription, or over-the-counter medication will be administered by or under the supervision of the school nurse, or administrative staff, and specifically consent to such practices. I further acknowledge and agree that when the medication is so administered or attempted to be administered, I waive any claims I might have against the School District, its employees, and School Board/Administration arising of said medication. In addition, I agree to hold harmless and indemnify the School District, its employees, and School Board/Administration, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

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

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

Physician Authorization: Tylenol 500mg. 1 tab by mouth every 4-6 hrs. PRN  
OR

Ibuprofen 200 mg. 1 or 2 tabs by mouth every 6-8 hrs. PRN

## DOCTOR MUST COMPLETE THE FOLLOWING:

Diagnosis: General aches and pains

Intended effect of this medication: Pain relief and to allow student to remain at school.

Expected side effects, if any: \_\_\_\_\_

Other medications student is taking: \_\_\_\_\_

Administration instructions: \_\_\_\_\_

\_\_\_\_\_  
Doctor's Name

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctor's Phone #



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Dear Parent or Guardian:

Children need healthy meals to learn. Woodlawn Grade School and Woodlawn High School offer healthy meals every school day. **WGS breakfast costs \$1.25; WGS lunch costs \$2.25. WHS lunch costs \$2.50.** Your children may qualify for free meals or for reduced price meals. **WGS reduced price is \$.30 for breakfast and \$.40 for lunch. WHS reduced price for lunch is .50.** To apply for free or reduced-price meals, use the Household Eligibility Application, which is enclosed. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to either Woodlawn Grade School or Woodlawn High School.

Your child(ren) may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

### Income Eligibility Guidelines Effective from July 1, 2022 to June 30, 2023

Household Size	Reduced-Price Meals (185% Federal Poverty Guidelines)				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	25,142	2,096	1,048	967	484
2	33,874	2,823	1,412	1,303	652
3	42,606	3,551	1,776	1,639	820
4	51,338	4,279	2,140	1,975	988
5	60,070	5,006	2,503	2,311	1,156
6	68,802	5,734	2,867	2,647	1,324
7	77,534	6,462	3,231	2,983	1,492
8	86,266	7,189	3,595	3,318	1,659
For each additional family member, add	8,732	728	364	336	168

- DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Complete the application to apply for free or reduced price meals. Use one Household Eligibility Application for all students in your household per district. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to the school.
- WHO CAN GET FREE MEALS? All children in households receiving benefits from Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) and/or are foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines. Children who meet the definition of homeless, runaway, or migrant also qualify for free meals. If you haven't been told your children will get free meals, please contact your school to see if your child(ren) qualifies.
- WHO CAN GET REDUCED PRICE MEALS? Your children can get low cost meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart, shown above.
- A MEMBER OF MY HOUSEHOLD RECEIVED SNAP OR TANF BENEFITS. THE SCHOOL SENT A LETTER STATING THAT MY CHILD IS AUTOMATICALLY APPROVED FOR FREE MEALS BASED ON DIRECT CERTIFICATION. DO I NEED TO DO ANYTHING MORE TO ENSURE THAT MY CHILD RECIEVES FREE MEALS? No. You do not need to do anything more to receive free meals for your child. If you have students not listed on the letter, contact the school immediately. If you do not wish to receive the free meals, you should follow the steps outlined in the letter from the school to notify school personnel immediately.
- HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please contact your school.



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6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
7. I GET WIC. CAN MY CHILD(REN) GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out the enclosed application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to the person listed above.
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
12. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
13. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
14. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
15. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP, TANF or other assistance benefits, contact your local Department of Human Services office or call (800) 843-6154 (voice) or (800) 447-6404 (TTY).

Sincerely,

Eric Helbig  
Superintendent  
Woodlawn USD #209

## INSTRUCTIONS FOR APPLYING – COMPLETE ONE APPLICATION PER HOUSEHOLD PER SCHOOL DISTRICT

### IF YOUR HOUSEHOLD RECEIVES SNAP OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

**Part 1:** List all household members, school and grade for each student, and a SNAP or TANF case number for any household member including adults receiving such benefits. (Attach another sheet of paper if necessary.)

**Part 2:** Skip this part.

**Part 3:** Skip this part.

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

**Part 5 & 6:** Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

### IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY OR HEAD START/EVEN START, FOLLOW THESE INSTRUCTION AND RETURN THE COMPLETE FORM TO YOUR SCHOOL:

**Part 1:** List all household members and the name of school for each child.

**Part 2:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.

**Part 3:** Complete only if a child in your household isn't eligible under Part 2. See instructions for All Other Households.

**Part 4:** Sign the form. Only if part 3 is completed, please include the last four digits of a Social Security Number. (or mark the box if s/he doesn't have one).

**Part 5 & 6:** Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

### IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

**If all children in the household are foster children that are the legal responsibility of a foster care agency or court:**

**Part 1:** List all foster children and the school name for each child. Check the "Foster Child" box for each foster child.

**Part 2:** Skip this part.

**Part 3:** Skip this part.

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

**Part 5 & 6:** Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

**If some of the children in the household are foster children that are the legal responsibility of a foster care agency or court:**

**Part 1:** List all household members and the name of school for each child. Check the "Foster Child" box for each foster child.

**Part 2:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.

**Part 3:** Follow these instructions to report total household income from this month or last month.

- **Box 1—Name:** List all household members with income.
- **Box 2—Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

**Part 4:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

**Part 5 & 6:** Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

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

**Part 1:** List all household members and the name of school for each child.

**Part 2:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.

**Part 3:** Follow these instructions to report total household income from this month or last month.

- **Box 1—Name:** List all household members with income.
- **Box 2—Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

**Part 4:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

**Part 5 & 6:** Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

**Privacy Act Statement: This explains how we will use the information you give us.** The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them 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: 1. mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or 2. fax: (833) 256-1665 or (202) 690-7442; or 3. email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

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

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

NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	(for Student only) Grade	SNAP OR TANF CASE NUMBER ONLY Skip to Part 4 if you list a SNAP or TANF case number. At least one SNAP/TANF must be provided below. If you receive Medicaid and were not directly certified for free meals, you <b>MUST</b> apply based on household size and income.								Check if Foster Child*
										<input type="checkbox"/>
										<input type="checkbox"/>
										<input type="checkbox"/>
										<input type="checkbox"/>
										<input type="checkbox"/>
										<input type="checkbox"/>

\* A foster child is the legal responsibility of a welfare agency or court.

**2. Homeless, Migrant, Runaway, or Head Start (Categorically eligible)**

Homeless    Migrant    Runaway    Head Start

Signature of Your School Homeless Liaison, Migrant Coordinator, or Head Start Director \_\_\_\_\_ Date \_\_\_\_\_

**3. Total Household Gross Income (before deductions) You must tell us how much and how often.**

A. NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 /twice a month; \$100/every other week; \$100/week)							
	B. Earnings From Work (Before Deductions)		C. Welfare, Child Support, Alimony		D. Pensions, Retirement, Social Security		E. Worker's Comp., Unemployment, SSI, etc. (All other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
i.	\$		\$		\$		\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

**4. Signature and Social Security Number (Adult must sign)**

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her social security number or mark the  I do not have a social security number.

X X X - X X - \_\_\_\_\_  
Social Security Number

I certify (promise) all information on this application is true and all income is reported. I understand the school will get Federal funds based on the information I give. I understand school officials may verify (check) the information. I understand if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

Date \_\_\_\_\_ Printed Name of Adult Household Member \_\_\_\_\_ Signature of Adult Household Member \_\_\_\_\_

**5. Contact Information (Optional)**

Work Telephone Number (Include Area Code) \_\_\_\_\_ Home Telephone Number (Include Area Code) \_\_\_\_\_ Home Address (Number, Street, City, State, Zip Code) \_\_\_\_\_

**6. Children's Racial and Ethnic Identities (Optional)**

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

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

**— THE FOLLOWING SECTIONS ARE FOR SCHOOL USE ONLY —**

**INITIAL DETERMINATION**

TOTAL INCOME \$ \_\_\_\_\_ Per:  Week  Every 2 Weeks  Twice a Month  Month  Year NUMBER IN HOUSEHOLD: \_\_\_\_\_ CHANGE IN STATUS: \_\_\_\_\_ Date \_\_\_\_\_

LEAs must annualize income only when multiple incomes, at varying frequencies, are reported.  
Annual Income Conversion Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12

Free based on:  homeless  migrant  runaway  Head Start

Reduced based on:  SNAP or TANF  foster child  household's income

Denied—Reason:  income too high  incomplete application  Non-qualifying SNAP/TANF

Signature of Determining Official \_\_\_\_\_ Date: \_\_\_\_\_



# Illinois State Board of Education

100 North First Street  
Springfield, Illinois 62777-0001

## AFFIDAVIT OF ENROLLMENT AND RESIDENCY

### REGULATORY SUPPORT & WELLNESS

This affidavit form may be used if you are an adult who has assumed responsibility for a pupil and provide the pupil with a fixed, night-time abode, **for reasons other than access to the educational programs of the school district.**

This form should not be used, however, if you are the natural or adoptive parent of the pupil, have been granted court-ordered custody or guardianship, or are receiving public aid on behalf of the pupil. For these situations, you are only required to provide documentation (such as a birth certificate or court order), without the need of an affidavit like this one.

This form is also *not* required for pupils who are sharing the housing of others due to lack of housing, economic hardship, or similar reason, or are otherwise homeless as defined in state and federal law. **Homeless pupils must be enrolled immediately.**

If you have **any** questions about residency, including homelessness, please contact the Illinois State Board of Education's Regulatory Support & Wellness Division at (217) 782-5270.

I, \_\_\_\_\_, reside at \_\_\_\_\_,  
*Name of Adult* *Address*

which is located within the boundaries of \_\_\_\_\_,  
*School District*

**Provide the appropriate information and check each of the following:**

- I am at least 18 years of age.
- I have provided proof in the form(s) of \_\_\_\_\_,  
*Proof of Residency*  
that I am a resident of \_\_\_\_\_,  
*School District*
- I have assumed and exercise responsibility for \_\_\_\_\_,  
*Name of Pupil*
- I provide a fixed, night-time abode for \_\_\_\_\_,  
*Name of Pupil*
- \_\_\_\_\_ is not living with me for the purpose of having access to the educational programs  
*Name of Pupil*  
of the school district.
- I understand that knowingly or willfully providing false information to a school district regarding the residency of a pupil for the purpose of enabling that pupil to attend any school in that district without the payment of nonresident tuition is a Class C misdemeanor.
- I understand that knowingly enrolling or attempting to enroll a pupil in the school of a school district of a tuition free basis when I know that pupil to be nonresident of the school district, unless the nonresident pupil has a lawful right to attend, is a Class C misdemeanor.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Adult*

\_\_\_\_\_  
*Adult (Print Name)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*School District Employee (Signature)*

\_\_\_\_\_  
*School District Employee (Print Name)*

# Confidential Student Housing Form 2022-2023

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

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C.11435. The answers to this residency information help determine services your student may be eligible to receive and are confidential. Thank you for your time!!!

*\*Please answer the following questions:*

Presently, is your student living in any of the following situations? Please put an **X** by **ALL** statements that apply.

- \_\_\_\_\_ The student lives with their parent(s) and they are their legal guardian.
- \_\_\_\_\_ The student lives with a relative or another adult that **IS** their legal guardian.
- \_\_\_\_\_ The student lives with an adult(s) who is **NOT** a parent or legal guardian.
- \_\_\_\_\_ The student lives alone **WITHOUT** an adult.
- \_\_\_\_\_ The student and their parent/guardian lives with **more than 1 family** in a house or an apartment.
- \_\_\_\_\_ The student and parent/guardian lives in a house or apartment that **someone else** owns or rents.
- \_\_\_\_\_ The student lives in a place that is **NOT** designed for ordinary sleeping accommodations such as a car, park, campsite, abandoned building, etc.
- \_\_\_\_\_ The student lives in a motel (temporarily or permanently).
- \_\_\_\_\_ The student temporarily lives in a shelter.
- \_\_\_\_\_ The student does **NOT** have a permanent nighttime residence.
- \_\_\_\_\_ The student lives with a friend or significant other.

Does your student have any siblings or are there other children living in the above situations mentioned?  
Please mark your answer.

\_\_\_\_\_ YES      \_\_\_\_\_ NO

If yes, what are their names, ages and school in which they attend?

NAME	AGE	SCHOOL

Any additional information you would like to provide about your student's housing? \_\_\_\_\_

\_\_\_\_\_

**\*\*\*IF your information changes throughout the school year, PLEASE contact the school immediately!\*\*\***