

PLEASE COMPLETE ALL INFORMATION

Clio Area Schools

Student Registration

YOUR CHILD CANNOT BE ENROLLED IN SCHOOL WITHOUT THE FOLLOWING:

Immunization Records: _____ Legal Birth Certificate: _____

Proof of Residency: _____

Date Enrolled: ___/___/___ Student Number _____

Student's Full Name _____ Birthdate ___/___/___

LAST FIRST MIDDLE M D Y

Gender _____ Grade _____ Phone Number _____

Address _____

NUMBER ROAD/STREET/AVE APT. NO. CITY TWP. ZIP

Race: White ___ Black or African American ___ American Indian or Alaska Native ___ Asian ___ Native Hawaiian or Other Pacific Islander ___ Hispanic/Latin

Has your child been expelled from school or considered for expulsion Yes ___ No ___

Has your child dropped out of school? Yes ___ No ___

Student lives with (names): _____, who is the Mother Father Step Mother Step Father

Guardian Court Placed Other _____

Birth Mother's Name:	Birth Father's Name:
Address:	Address:
Home Phone: Work Phone:	Home Phone: Work Phone:
Cell Phone: Pager:	Cell Phone: Pager:
Email Address:	Email Address:
Last Grade Completed: Marital Status:	Last Grade Completed: Marital Status:
Step Parent Name: Phone:	Step Parent Name: Phone:
Other Name:	Other Name:
Please check appropriate box: <input type="checkbox"/> Step Mother <input type="checkbox"/> Step Father	Please check appropriate box: <input type="checkbox"/> Step Mother <input type="checkbox"/> Step Father
<input type="checkbox"/> Guardian <input type="checkbox"/> Court Placed <input type="checkbox"/> Other:	<input type="checkbox"/> Guardian <input type="checkbox"/> Court Placed <input type="checkbox"/> Other:
Address:	Address:
Home Phone: Work Phone:	Home Phone: Work Phone:
Cell Phone: Pager:	Cell Phone: Pager:
Email Address:	Email Address:
Last Grade Completed: Marital Status:	Last Grade Completed: Marital Status:

Is this student enrolled in Special Education? _____ If Yes: LD EI BMI TMI PPI VI HI POHI

504 PLAN SPEECH (PLEASE CIRCLE)

Does the student have any medical problems or allergies? _____ Yes _____ No

If yes, please specify and list any current medications: _____

Is this student and expectant parent? _____ Yes _____ No Due Date _____

Other Children in the Family

Name Birthdate

High School Information:

District of Residence: _____

Last School Attended: _____ Grade: _____

Please List Other High Schools Previously Attended:

- _____
- _____
- _____

Support Services:

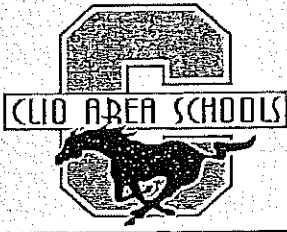
Have you ever received Special Education Services? _____ Yes _____ No If no, please initial: _____

Date of last IEP: _____

Other Services:

_____ Free/Reduced Lunch _____ Alternative Education Programs _____ Support Services Programs

_____ Extended Year Programs/Summer Programs _____ Behavior Management and Training Programs



Clio Community High School

428 North Mill St
Clio, MI 48420
(810) 591-4804

Student Information

All new students are required to attend an 8 day orientation. Students attend 12:30 p.m. through 3:30 p.m., Monday thru Thursday. There are no required orientation days scheduled for Fridays. Students must complete the entire 8 day orientation to be enrolled.

Student Name: _____ Age: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Phone: () _____ Cellular: () _____ Work: () _____

Email Address: _____ @ _____

Requested classroom time schedule: 1 day 2 days 3 days 4 days 5 days

Student will need the school to supply: Computer Hot Spot

Parent/Guardian Information

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Phone: () _____ Cellular: () _____ Work: () _____

Email Address: _____ @ _____

Have the student ever received Special Education Services? Yes No If not Initial: _____

Date of last IEP: _____

Requested classroom time schedule: 1 day 2 days 3 days 4 days 5 days

CLIO AREA SCHOOLS

Residency Questionnaire

STUDENT RESIDENCY

By Completing this questionnaire, you help the district comply with the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. Your truthful and accurate answers will help the district identify services that the student may be eligible to receive.

School:	Clio Community High School	Date:	
Student's Name:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth: (Month, Day, Year)		Age:	
Parent(s)/ Legal Guardian(s) Name:		Relationship to Student:	
Address:			
City, State:		Zip code:	
Method of Contact: Telephone # / Pager #:			

1. Where is the student living now? (check one box):

- In a shelter In a hotel or motel with more than one family in a house or apartment
 In a car In a Trailer Park or Campsite None of the Above
 With friends/family members (other than parent/guardian)

If you checked the box marked "none of the above" you do not have to complete the remainder of this form. Please sign below and mail or fax a copy to:

2. Does the living arrangement checked in Question #1 result from a loss of housing or economic hardship?

- Yes No Unsure

3. The student lives with:

- 1 Parent 2 Parents 1 Parent & another adult A relative, friend(s) or other adults

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

Please return a copy of this form to:

FOR OFFICE USE ONLY:	
<input type="checkbox"/>	Student not covered by McKinney-Vento Act
<input type="checkbox"/>	Student covered by McKinney-Vento Act
<input type="checkbox"/>	Follow-up Required
Please list the Name & Phone number of a contact person at the student's school who may know of the family's situation:	

STUDENT # _____
Allergies,
Life threatening &
other problems on
reverse side.

Clio Area Schools
EMERGENCY MEDICAL CARE FORM

Phone (Home) _____
Grade _____
Teacher _____

Name of child _____ Birth Date _____
LAST NAME FIRST NAME MIDDLE NAME

Address _____ City _____ Zip _____

Parents or guardians full name _____

Mother's Employment _____ Phone _____

Father's Employment _____ Phone _____

In case my child becomes ill or injured at school notify me. If I cannot be reached at the above address, call:
(nearest relative or neighbor preferred)

1. Name _____ Address _____ Phone _____

2. Name _____ Address _____ Phone _____

3. Name _____ Address _____ Phone _____

or have my child taken to the nearest physician or:

Doctor _____ Address _____

Phone _____ or to _____, or to any other physician available.

HOSPITAL

The school is hereby authorized to follow the plan outlined above in handling emergency care of my child,
and I hereby agree to pay all expenses incurred.

Date _____

SIGNATURE OF PARENT (OVER)

Allergies, Life Threatening and Other
problems:

SEVERE FALL or SPRING WEATHER

The Clio Area Schools will not dismiss students early for severe fall or spring weather conditions. Children will be dismissed at their regular dismissal time unless there is a tornado warning in effect at dismissal time in which case dismissal will be postponed until the warning is lifted. Parents who wish to pick up their children when severe weather or tornado warnings are in effect are free to do so. Children will not be excused to leave with anyone except the parent unless you give your permission to do so below.

I hereby give my permission to let my child leave school before school dismissal time with the following persons: (If none, please state "NO ONE" and sign.)

PARENT OR GUARDIAN SIGNATURE DATE

Preferred Non-Emergency Contact Information

If parent/guardian cannot be reach, call:

#1 Preferred Contact Name: _____ Phone: _____

Address: _____ Relationship to student: _____

#2 Preferred Contact Name: _____ Phone: _____

Address: _____ Relationship to student: _____

#3 Preferred Contact Name: _____ Phone: _____

Address: _____ Relationship to student: _____

#4 Preferred Contact Name: _____ Phone: _____

Address: _____ Relationship to student: _____

Parent Signature

Date

CLIO AREA SCHOOL DISTRICT COMPUTER NETWORK ACCEPTABLE USE POLICY

It is the Clio Area School District's mission to provide educational opportunities for all our students to learn the skills needed for tomorrow's world. Using technology to communicate, collaborate and problem solve is a necessity in the fulfillment of our mission. District technology is designed to be used as a tool to facilitate learning consistent with legitimate educational and work-related purposes set forth by the Clio Board of Education. The use of these tools is a privilege, not a right, and should be used in a matter that conforms to the rules and regulations set forth by the Technology Department and Board of Education.

Only Clio Area School District students, its faculty, and staff, who agree to the terms of this policy, and after the school has received a signed Technology Acceptable Use Policy, may be granted access to the use of the District's technologies.

Users have no expectation of privacy as to information or activity on the district's electronic information technologies. The district retains the right to monitor all use, including but not limited to personal e-mail and voicemail communications, computer files, databases, web logs, audit trails, or any other electronic transmissions accessed through the district's electronic information technologies. In accordance with CIPA (Children's Internet Protection Act) and PA212, Clio Area Schools uses a subscription-based firewall service, and for Internet filtering, a filtering service that allows the district to filter out sites that we deem objectionable. Email filtering is also provided. Student Internet use and email use may be monitored by the district as needs arise.

The use of Clio Area Schools' technologies, including but not limited to, local area network (LAN), wide area network (WAN), Internet, stand-alone and networked computer systems, and telecommunication equipment, is governed by the following rules:

- No excessive use of District bandwidth is allowed, except those services for which adequate bandwidth resources are available.
- Use of e-mail, chat, instant messaging, and other forms of two-way electronic communications may be used for educational purposes.
- Network storage is limited to educational and work-related material. No non-District software of any kind is to be stored on any personal or shared network drives without prior consent of the Technology Department.
- Only hardware approved by the Technology Department may be attached to the District network and equipment. This includes, but is not limited to printers, scanners, digital cameras, laptops computers, Personal Digital Assistant devices, storage devices, telephones, etc., whether they be physically or wirelessly connected. Nor shall any district owned hardware or software be moved or relocated without permission from the Technology Department.
- Only software purchased by the Clio Area Schools may be stored or installed on district hardware. No software programs may be downloaded off the Internet, or installed from any other media, without the permission of the Technology Department.
- It is the user's responsibility to make sure no hardware or software is destroyed, modified, or abused in any way. It is also the user's responsibility to keep inappropriate material from entering the district's network, such as viruses, pornographic material, malware, etc.
- Users are to comply with all Board Policies, State and Federal laws, including copyright and trademark laws, and acceptable use licensing agreements, in using the District's technology. Please, return this form after reading and signing. This agreement is valid for as long as the student/staff is in the District and/or the life of this AUP.

CLIO AREA SCHOOL DISTRICT COMPUTER NETWORK ACCEPTABLE USE POLICY

Clio Area Schools is also committed to using its technology to share good news regarding student, team and group accomplishments and events throughout the community. To that end, the district and individual schools publish newsletters, photographs, videos, presentations, press releases, and other documents and materials, both in print and on the Internet. Students participating in events, meetings, athletics, performances, and classroom activities, as participants or spectators, may be photographed or filmed. Local media also publish student images and work provided by the district. If you do not want Clio Area Schools and/or the individual schools to disclose your child's work, image or likeness, you must notify the District using the OPT-OUT FORM available at the District Office and each individual school office. The form must be signed and returned to the main office of your children's respective school(s). An OPT-OUT FORM must be submitted annually for each child within the first two weeks of school every school year.

_____ I have read this document and agree to follow the rules stated in the Clio Area School District Computer Network Acceptable Use Policy (AUP).

Student Signature _____
Date: _____

Parent/Guardian signature: _____
Date : _____

Clio Community High School

Student Driver

The following form must be filled out, a copy of your driver's license attached and turned into the Community Education office before you will be permitted to park in the school parking lot.

Parking in the lot is a privilege, not a right. When driving in the parking lot, remember to conduct yourself in a responsible manner. **Many times we have young children nearby in gymnastics and other programs, and their safety is an important concern.**

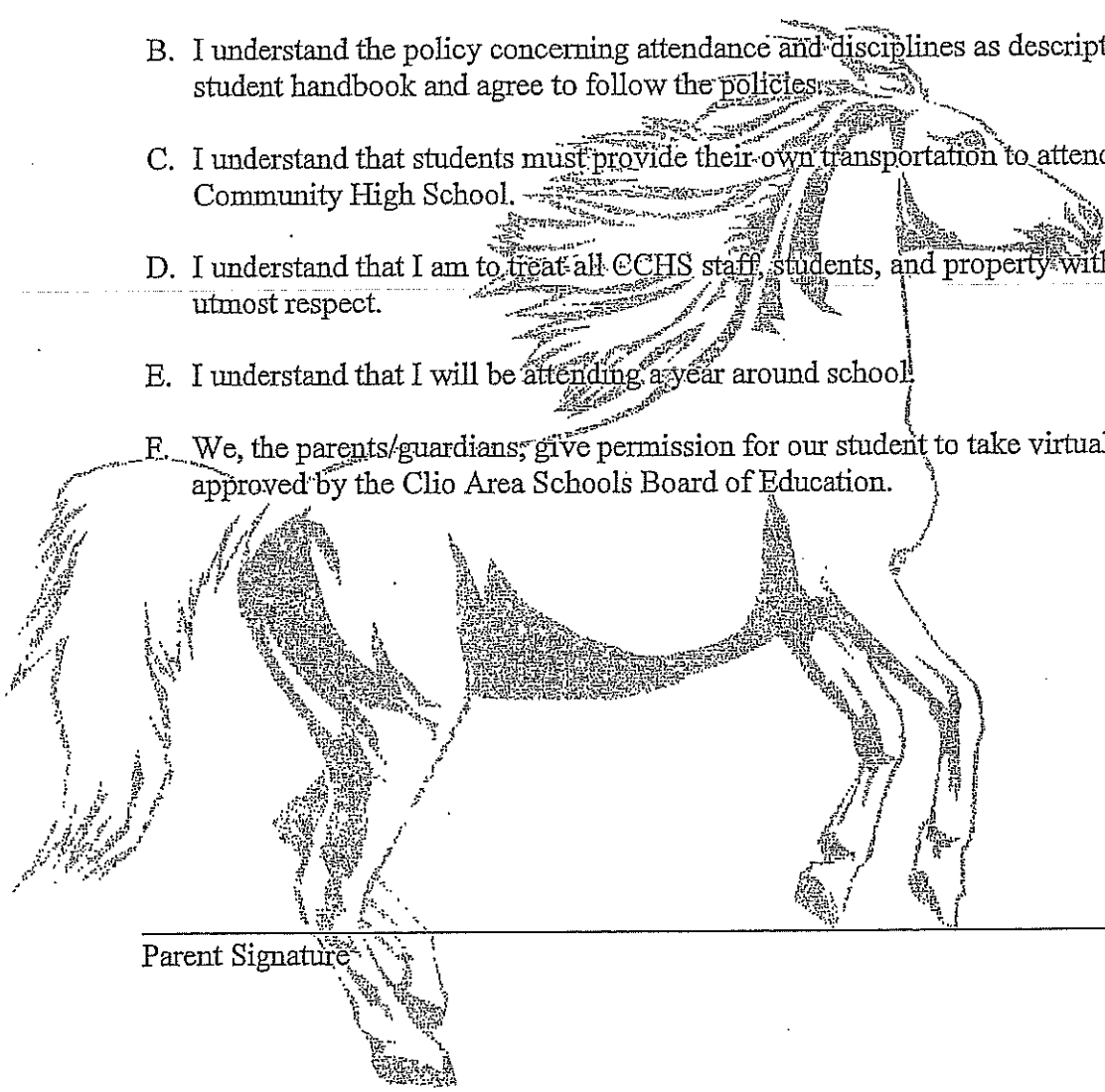
Driver Registration

Student's Name	Vehicle Make (example: Chevrolet)
Driver's License Number	Vehicle Year and Model (example: 2004 Trail Blazer)
License Plate Number	Vehicle Color
Student's Signature	Phone Number

Clio Community High School

Student/Parent Contract

- A. I have read or will read the student handbook and agree to follow the student regulations and guidelines as outlines in the handbook.
- B. I understand the policy concerning attendance and disciplines as described in our student handbook and agree to follow the policies.
- C. I understand that students must provide their own transportation to attend the Clio Community High School.
- D. I understand that I am to treat all CCHS staff, students, and property with the utmost respect.
- E. I understand that I will be attending a year around school.
- F. We, the parents/guardians, give permission for our student to take virtual courses approved by the Clio Area Schools Board of Education.



Parent Signature

Date

Student Signature

Date

(Enter School District, PSA, or Nonpublic School Name)

Consent for Disclosure of Immunization Information to Local and State Health Departments

Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the students name, Date of Birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before personally identifiable information from your child's education records is disclosed to the health department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

I authorize _____ to release my child's immunization record to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.

Student's Name: _____ Date of Birth: _____

Signature of Parent/Guardian
or Eligible Student: _____ Date: _____

Printed Parent/Guardian Name: _____

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED-PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **Clio Area Schools** offers healthy meals every school day. Breakfast costs **\$0.00**; lunch costs **\$2.35 for Elementary Students and \$2.60-\$3.60 for Middle and High School students. Your children may qualify for free meals or for reduced-price meals.** Reduced-price is **\$0.00** for breakfast and **\$.00** for lunch. This packet includes an application for free or reduced-price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED-PRICE MEALS?

- All children in households receiving benefits from the **Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR)** are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced-price meals if your household's income is within the limits of the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

FEDERAL INCOME ELIGIBILITY CHART for School Year 2020-2021

Household Size	Annually	Monthly	Weekly
1	23,606	1,968	454
2	31,894	2,658	614
3	40,182	3,349	773
4	48,470	4,040	933
5	56,758	4,730	1,092
6	65,046	5,421	1,251
7	73,334	6,112	1,411
8	81,622	6,802	1,570
Each additional person:	8,288	691	160

2. 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 call or e-mail **Steve Keskes at 810-591-7481 or skeskes@clioschools.org**.
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced-Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to Nancy Daniels, 1 Mustang Dr, Clio, Mi 48420, **or call 810-591-1393.**
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you received carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **Nancy Daniels, 1 Mustang Dr, Clio MI. 48650, or call 810-591-1393 or e-mail ndaniels@clioschools.org** immediately.

5. **CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit www.LunchApp.com to begin or to learn more about the online application process. Contact Nancy Daniels, 1 Mustang Drive, Clio, MI 48420 or ndaniels@clioschools.org. 810-591-1393. if you have any questions about the online application.**
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? **Yes.** Your child's application is only good for that school year and for the first few days of this school year, through **September 22nd 2020**. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced-price meals. Please send in an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
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: **Steve Keskes 810-591-7481 or skeskes@clioschools.org. 430 M. Mill St, Clio, MI 48420**
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.
12. 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 occasionally. If you have lost a job or had your hours or wages reduced, use your current income.
13. 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.
14. 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.
15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact **Nancy Daniels @ ndaniels@clioschools.org 810-591-1393** to receive a second application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **Food Assistance Program (FAP)** or other assistance benefits, contact your local assistance office or call **1-855-275-6424**.

If you have other questions or need help, please call Nancy Daniels@ 810-591-1393

2020-2021 Household Application for Free and Reduced-Price School Meals

One application per household. Please use a pen (not a pencil)

STEP 1: List all household members who are infants, children, and students up to age including grade 12. (All non-student 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 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. **PLEASE PRINT**

Child's First Name	MI	Child's Last Name	Student? Yes No	School	Grade	Foster Child	Homeless Migrant, Runaway
1) _____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5) _____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

STEP 2: Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or EOP/IR 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)

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.

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.
Child Income: _____ \$ _____
How Often? Please put an X
Weekly Bi-Weekly 2x Month Monthly Annually

B. All Adult Household Members (including yourself)
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 not receive 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.

PLEASE PRINT

Name of Adult Household Members (First and Last)	Earnings from Work	How Often?	Public Assistance/Alimony/Child Support	How Often?	Pensions/Retirement/All Other Income	How Often?			
	Weekly	Bi-Weekly	2x Month	Monthly	Annually	Monthly	2x Month	Monthly	Annually
1) _____	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) _____	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

STEP 4: Certain information and adult signature
Mail Completed Form to: Nancy Daniels 1 Mustang Drive, Clio, MI 48420

"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".

Street Address (if available) _____ Apt# _____ City _____ State _____ Zip _____ Daytime Phone and Email (Optional) _____

Printed Name of Adult Signing Form _____ Signature of Adult _____ Today's Date _____

INSTRUCTIONS

Sources of Income for Children

Sources of Child Income	Examples
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages
Social Security	A child is blind or disabled and receives Social Security Benefits.
- Disability Payments	A parent is disabled, retired, or deceased, and their child receives Social Security benefits.
- Survivor's 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.

Sources of Income for Adults

Sources of Adult Income	Examples(s)
Earnings from work	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)
Public Assistance / Alimony / Child Support	-Allowances for off-base housing, food and clothing -Unemployment Benefits -Workers compensation -Supplemental Security Income (SSI) -Cash assistance from State or local government -Alimony payments-Child support payments -Veteran's benefits -Strike benefits
Pensions / Retirement / All Other Income	-Social Security (including railroad retirement and black lung benefits) -Private pensions or disability benefits -Annuities -Regular income from trusts or estates -Investment income -Earned interest -Regular cash payments from outside household

Optional Child and Adult Income Deductions

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 child(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 (FDPPIR) case number or other FDPPIR 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 investigate violations of program rules.

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

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

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

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

Fax: (202) 690-7442
Email: program.intake@usda.gov
This institution is an equal opportunity provider

DO NOT FILL OUT THIS SECTION

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

Total Income: \$ _____ Weekly \$ _____ Bi-Weekly \$ _____ 2x Month \$ _____ Monthly \$ _____ Annually \$ _____ Household Size: _____ Categorical Eligibility: _____ Eligibility: _____ Free _____ Reduced _____ Denied _____

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

Sharing Information with Other Programs

Dear Parent/Guardian:

Based on the information you gave on your Application for Free and Reduced-Price School Meals, your child may qualify for other programs. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced-price meals.

Yes! **I DO** want school officials to share information from my Application for Free and Reduced-Price School Meals with:

- Pay to Participate (Athletics and Clubs).
- Programs that provide food support (weekend backpacks, holiday meals, etc.).

If you check "Yes" to any or all of the boxes above, please fill out form below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Printed Name: _____ Address: _____

Signature of Parent/Guardian: _____ Date: _____

For more information, you may call _____ at _____.

Return this form to: [Name, Address, and Phone Number].

USDA Nondiscrimination Statement

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

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

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

- (1) mail: U.S. Department of Agriculture
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

This institution is an equal opportunity provider.

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Equipment and Computer Lending Agreement

This agreement is entered into between the student: (print name) _____

and parent (print name) _____ with the Clio Area School District (herein referred to as CAS).

This document is intended to explain the terms of student usage of CAS-owned equipment. The CAS-owned equipment is loaned to its students in order to enhance learning opportunities in conjunction with the other services provided by CAS. Upon CAS request or the student exiting school all equipment must be returned to CAS in good working condition. Failure to return equipment when requested may result in Clio Area Schools assessing fines, or filing a stolen property claim with the police department.

Clio Area School District has gone to great expense in order to provide the necessary equipment for its students and expects that the equipment will be treated with the utmost care. The following requirements are also to be noted:

- It is the responsibility of the student to disclose any specific concerns relating to the Chromebook.
- Students will abide by all rules and terms outlined in the district's Acceptable Use Policy while using the Chromebook.
- Students will abide by all criminal and civil laws while using the Chromebook.
- At no time shall anyone other than CAS authorized employees attempt to repair, adjust, or tamper with any equipment.

We agree the equipment will only be used for the purpose of instruction and educational development. We understand, should the equipment be used inappropriately, the student may be subject to discipline up to and including the loss of loaned equipment and removal from Clio Area School District. Please check and initial below.

- I wish the Clio Area School District to loan me the aforementioned equipment. I understand the terms and accept the responsibilities as outlined in the document.

Serial Number/Asset # _____ Grade: _____

Parent Signature _____ Date: _____

Parent Email Address _____ Parent Phone # _____

* Please see the table below that includes information related to repair and/or replacement.

Item	Value
Chromebook (if not returned)	\$150
Chromebook charger/ power cord (if not returned)	\$30
Chromebook case (if not returned)	\$20
Damage to keyboard	\$50
Damage to screen	\$40

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Dear Clio Area Schools Families,

To help students learn during our mandatory time away from school, we are loaning classroom Chromebooks to students who need them to complete work from their teacher, connect with their counselors, and classmates. To accommodate our current environmental circumstances we are going to continue to provide academic offerings to students both through paper/pencil packets and electronically.

We want to share with you best practices for having school computers at home, since this is new for many of you. We want these educational tools to be a positive part of your child's learning experience here at Clio Area Schools. We want you to know that we appreciate your role as parents, and are here to support you. These devices are provided to support learning, and you set the parameters in your house for what you believe is best for your child. To that end, here are some practical rules to help with your experience:

Student Safety:

- Monitor your student's use of the chromebook. To keep your students safe at all times, we have an Internet filter that runs on every Clio Area Schools device. This is mandated by CIPA law. While this is an excellent system, there are always outlier sites that may have content that is not school appropriate. You are the parent/guardian and it is okay to tell your child, "No."
- Never let your child use their school Chromebook in his/her bedroom. While we know students want privacy, this can lead to inappropriate communication. A best practice is to have the devices charging and being used in public places in the home like the kitchen table.
- If entering into a video learning session with teachers and classmates, make sure your child is dressed appropriately for school.
- Maintain communication with your child about who they are speaking with online. Child predators take advantage of vulnerable children who feel disconnected from their parents, and often do so through social media.
- Respect for all students is expected on campus or off. If you or your student feels he/she is being cyber-bullied call the school's principal, assistant principal. You may also contact the Okay2Say organization.
- Unsafe and/or inappropriate use of the Clio Area Schools' technology will result in loss of the device's use. We have the ability to do this remotely.

Student Learning:

- The Chromebook only has the ability to access the Internet. There are not any non web-based programs on the devices. This requires an Internet connection. If you don't have an Internet connection, please see our list of [free or low-cost Internet providers](#) during the mandatory shutdown.

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- The intention of deploying the Chromebooks is to ensure a continuity of learning while we cannot provide face-to-face instruction. We understand that students will use and explore the devices because they are curious, innovative, and risk takers by nature. If your child wants to learn to code, or another topic that isn't covered by our curriculum, please encourage it.
- Students should charge the Chromebook every night, so it is ready for learning the next day. Again, charge these in a room other than a bedroom.
- E-mail or speak with a teacher if your student is having any difficulty understanding the assignment or getting materials to work. Remember that this is new for many of them as well and they are doing their best.

Damage Control:

- Like all electronics, Chromebooks are easily damaged if not properly taken care of. For this reason, we ask that you observe the following safeguards:
 - Make sure that your child/ren do not walk around the house with the screen open.
 - Do not leave a pen or pencil on the keyboard. When the lid is closed on the pencil, the screen will crack.
 - Make sure that your workspace has enough room for the device and other learning tools, like a pencil/notebook.
 - Do NOT leave any beverages near the device. Spills will fry out the electronics.
 - Do not put a chromebook in a backpack surrounded by other heavy books or items. The pressure on the top of the lid will crack the screen through the back.
- If damage does occur, please contact our technology department through the ticket system at <https://clioareaschools.mojohelpdesk.com/> or call 810-591-1469 as soon as possible.

These guidelines are not meant to deter or frighten you as the caring adult who is ensuring your child's educational success at home. These come from years of experience from around the country. There are several resources that will help you as a parent in this new digitized learning environment. Here are some websites that we use as educators and parents:

- Okay2Say: https://www.michigan.gov/ok2say/0,5413,7-366-86299_87813-335503--,00.html
- Common Sense Media
<https://www.common sense media.org/>
- Clio Area Schools
www.clioschools.org
- Bark
www.bark.us

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BRYAN WARDEN, Assistant Superintendent of Finance

In these unprecedented times, we would like to take this opportunity to continue our educational partnership with you. This is a tremendous opportunity to ensure our students are gaining valuable academic and technological skills. We look forward to working with you on our new learning journey. We would like to collect the devices when students in June after our official end of the school year. However, if the Stay Home/Stay Safe Executive Order has not been lifted, we plan to collect devices from students when they arrive back in school this Fall or whenever the Stay Home Stay Safe Executive Order is lifted. If you have any questions, please call me at (810) 591-7481 at your convenience.

All My Best,

Stephen Keskes, Ed.S.
Assistant Superintendent
Clio Area Schools