

Cimarron Municipal Schools  
Enrollment & Emergency Medical Authorization Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender M F

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ Legal Middle Name \_\_\_\_\_

Grade Level \_\_\_\_\_ Home Room Teacher \_\_\_\_\_ Special Education Y N

Date of Birth \_\_\_\_\_ Birth City/State \_\_\_\_\_

Ethnicity: Please Circle One Asian Afro-American Caucasian Hispanic Native American

Home Phone \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Physical Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Is this address any of the following: Y N If Yes, please mark all that apply.  
Motel/Hotel RV Park Campground Emergency/Transitional Shelter Other Temporary Housing  
(Including living with another family)

Transportation: Please Circle One

Walker Car Rider Bus Rider Bus Number: \_\_\_\_\_

Pick up Location: \_\_\_\_\_ Drop Off Location: \_\_\_\_\_

**Parents/Guardians:**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address (If different) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone: \_\_\_\_\_

Migrant Worker: Y N Email address \_\_\_\_\_

Lives with Student: Y N Military Service (Active, Reserve, Guard): Y N

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address (If different) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone: \_\_\_\_\_

Migrant Worker: Y N Email address \_\_\_\_\_

Lives with Student: Y N Military Service (Active, Reserve, Guard): Y N

**Emergency Contacts:** (people who are authorized to pick up your child from school)

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone # \_\_\_\_\_

### Medical History

Please indicate if student has had or is currently under treatment for any of the following conditions. Give year or age when problem occurred.

<input type="checkbox"/> Asthma	<input type="checkbox"/> Meningitis
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Migraine Headaches
<input type="checkbox"/> Seizures	<input type="checkbox"/> Use of contact lenses?
<input type="checkbox"/> Ear/Hearing Problems: (type) _____	
<input type="checkbox"/> Emotional Problems: (type) _____	
<input type="checkbox"/> Heart Problems: (type) _____	
<input type="checkbox"/> Hepatitis: (type) _____	
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Allergies? To what? _____	
<input type="checkbox"/> Muscular Weakness or Paralysis	
<input type="checkbox"/> Bleeding Disorder: (type) _____	
<input type="checkbox"/> High Blood Pressure	
<input type="checkbox"/> Infectious Diseases: (type) _____	
<input type="checkbox"/> Tetanus Shot: (type) _____	
<input type="checkbox"/> Reactions to Medicine or Injections? _____	
<input type="checkbox"/> Hospitalized for Serious Illness, Surgery or Accident? _____	
<input type="checkbox"/> Long Term Medication? _____	
<input type="checkbox"/> Have you ever been informed of the need to be on antibiotic therapy prior to dental treatment? If yes, identify required therapy. _____	
<input type="checkbox"/> Please add any problems not listed _____	

### TO GRANT CONSENT

In case of an emergency involving my child and I cannot be reached, I hereby give consent to transport my child to the following medical care providers and hospital, and authorize these providers and hospitals to give any reasonable and customary medical and health care deemed necessary.

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

If, for any reason, the above listed cannot be reached, I authorize appropriate transport and medical care of my child to any appropriate medical care provider, hospital or medical facility. This authorization does not cover major surgery unless one other doctor/dentist concur to the need.

Nothing in this section shall be construed to impose liability on any school official or school employee who, in good faith, attempt to comply with this section. It is understood that I will be financially responsible for all emergency care.

**PLEASE FILL OUT CONSENT FOR "OVER THE COUNTER" MEDICATION ADMINISTRATION**





# CIMARRON MUNICIPAL SCHOOLS

*"100 Years of Excellence 1910-2010"*

## USE OF TECHNOLOGY RESOURCES IN INSTRUCTION

### ELECTRONIC INFORMATION SERVICES USER AGREEMENT

Details of the user agreement shall be discussed with each potential user of the electronic information services (EIS). When the signed agreement is returned to the school, the user may be permitted use of EIS resources.

#### Terms and Conditions

*Acceptable use.* Each user must:

- Use the EIS to support personal educational objectives consistent with the educational goals and objectives of the School District.
- Agree not to submit, publish, display, or retrieve any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, or illegal material.
- Abide by all copyright and trademark laws and regulations.
- Not reveal home addresses, personal phone numbers or personally identifiable data unless authorized to do so by designated school authorities.
- Understand that electronic mail or direct electronic communication is not private and may be read and monitored by school employed persons.
- Not use the network in any way that would disrupt the use of the network by others.
- Not use the EIS for commercial purposes.
- Follow the District's code of conduct.
- Not attempt to harm, modify, add/or destroy software or hardware nor interfere with system security.
- Understand that inappropriate use may result in cancellation of permission to use the educational information services (EIS) and appropriate disciplinary action up to and including expulsion for students.

In addition, acceptable use for District employees is extended to include requirements to:

- Maintain supervision of students using the EIS.
- Agree to directly log on and supervise the account activity when allowing others to use District accounts.
- Take responsibility for assigned personal and District accounts, including password protection.
- Take all responsible precautions, including password maintenance and file and directory protection measures, to prevent the use of personal and District accounts and files by unauthorized persons.

*Personal responsibility.* I will report any misuse of the EIS to the administration or system administrator, as is

appropriate.

I understand that many services and products are available for a fee and *acknowledge my personal responsibility for any expenses incurred without District authorization.*

**Network etiquette.** I am expected to abide by the generally acceptable rules of network etiquette. Therefore, I will:

- *Be polite and use appropriate language.* I will not send, or encourage others to send, abusive messages.
- *Respect privacy.* I will not reveal any home addresses or personal phone numbers or personally identifiable information.
- *Avoid disruptions.* I will not use the network in any way that would disrupt use of the systems by others.
- *Observe the following considerations:*
  - Be brief.
  - Strive to use correct spelling and make messages easy to understand.
  - Use short and descriptive titles for articles.
  - Post only to known groups or persons.

**Services.**

The School District specifically denies any responsibility for the accuracy of information. While the District will make an effort to ensure access to proper materials, the user has the ultimate responsibility for how the electronic information service (EIS) is used and bears the risk of reliance on the information obtained.

I have read and agree to abide by the School District policy and regulations on appropriate use of the electronic information system, as incorporated herein by reference.

I understand and will abide by the provisions and conditions indicated. I understand that any violations of the above terms and conditions may result in disciplinary action and the revocation of my use of information services.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Student or employee)

School \_\_\_\_\_ Grade (if a student) \_\_\_\_\_

*Note that this agreement applies to both students and employees.*

The user agreement of a student who is a minor must also have the signature of a parent or guardian who has read and will uphold this agreement.

**Parent or Guardian Cosigner**

As the parent or guardian of the above named student, I have read this agreement and understand it. I understand that it is impossible for the School District to restrict access to all controversial materials, and I will not hold the District responsible for materials acquired by use of the electronic information services (EIS). I also agree to report any misuse of the EIS to a School District administrator. (Misuse may come in many forms but can be viewed as any messages sent or received that indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate language, or other issues described in the agreement.)

I accept full responsibility for supervision if, and when, my child's use of the EIS is not in a school setting. I hereby give my permission to have my child use the electronic information services.

Parent or Guardian Name (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Cimarron Municipal Schools Student Pledge for Chromebook Use

1. I will take good care of my Chromebook.
2. I will never leave the Chromebook unattended.
3. I will never loan out my Chromebook to other individuals.
4. I will know where my Chromebook is at all times.
5. I will charge my Chromebook's battery daily.
6. I will keep food and beverages away from my Chromebook since they may cause damage to the device.
7. I will not disassemble any part of my Chromebook or attempt any repairs.
8. I will protect my Chromebook by only carrying it while in the cover provided.
9. I will use my Chromebook in ways that are appropriate, meet Cimarron expectations and are educational.
10. I will not place decorations (such as stickers, markers, etc.) on the Chromebook. I will not deface the serial number on any Chromebook.
11. I understand that my Chromebook is subject to inspection at any time without notice and remains the property of the Cimarron School District.
12. I will follow the policies outlined in the *Chromebook Handbook* and the *Technology Acceptable Use Policy* while at school, as well as outside the school day.
13. I will file a police report in case of theft, vandalism, and other acts covered by insurance.
14. I will be responsible for all damage or loss caused intentionally or by neglect or abuse.
15. I agree to return the District Chromebook and power cords in good working condition.

I agree to the stipulations set forth in the Chromebook Procedures and Information Handbook; the Cimarron Municipal Schools Acceptable Use Policy; and the Student Pledge for Chromebook Use.

Student Name (Please Print): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name (Please Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Individual school Chromebook and accessories must be returned to the grade-level facilitator at the end of each school year. Students who withdraw, are suspended or expelled, or terminate enrollment at Cimarron for any other reason must return their individual school Chromebook on the date of termination.**

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**Chromebook Opt-Out Form**

**I would like my child to opt out of receiving a Cimarron Municipal School District Chromebook. I understand that my child will be responsible for all assigned work that requires Chromebook use.**

Student Name (Please Print): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name (Please Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Cimarron High School Chromebook Handbook Acknowledgment

The Cimarron High School Chromebook Handbook can be accessed from our district website:

[www.cimarronschools.org](http://www.cimarronschools.org)

Click on the "Cimarron High School" tab and then the "Chromebook Handbook" button located on the right hand side of the webpage.

If you need a hard copy of the student handbook, please call the school office.

.....  
Please Return the signed statement to the school office for record.

I have read and understand the Chromebook Handbook. **I also understand that this form MUST be signed and returned to the school office within (10) days.**

As a CHS student, I understand the information provided herein and my responsibility for my education.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Student Name (Print):** \_\_\_\_\_

As a parent, I understand the information provided herein and my responsibility to my student and his/her education.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Parent/Guardian Name (Print):** \_\_\_\_\_



# CIMARRON MUNICIPAL SCHOOLS

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## Cimarron High School Student Handbook Acknowledgment

The Cimarron High School Student Handbook can be accessed from our district website:

[www.cimarronschools.org](http://www.cimarronschools.org)

Click on the "Cimarron High School" tab and then the "CHS Handbook" button located on the right hand side of the webpage.

If you need a hard copy of the student handbook, please call the school office.

.....  
Please Return the signed statement to the school office for record.

I have read and understand the Cimarron High School Handbook. **I also understand that this form MUST be signed and returned to the school office within (10) days.**

As a CHS student, I understand the information provided herein and my responsibility for my education.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Student Name (Print):** \_\_\_\_\_

As a parent, I understand the information provided herein and my responsibility to my student and his/her education.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Parent/Guardian Name (Print):** \_\_\_\_\_

# CIMARRON MUNICIPAL SCHOOLS

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## STUDENT AUTOMOBILE USE AND PARKING

### ACKNOWLEDGMENT CONCERNING USE OF STUDENT PARKING LOTS

I acknowledge and understand that:

- Students are permitted to park on school premises as a matter of privilege, not of right.
- The District retains authority to conduct routine patrols of student parking lots and inspections of the exteriors of student automobiles on school property.
- The District may inspect the interiors of student automobiles whenever a school authority has reasonable suspicion to believe that illegal or unauthorized materials are contained inside the automobiles.
- Such patrols and inspections may be conducted without notice, without student consent, and without a search warrant.
- A student who fails to provide access to the interior of the car upon request by a school official will be subject to school disciplinary action.

\_\_\_\_\_  
Signature of the Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the Vehicle Owner

\_\_\_\_\_  
Date

Vehicle license number: \_\_\_\_\_

# CIMARRON MUNICIPAL SCHOOLS

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## STUDENT RECORDS

### DESIGNATION OF DIRECTORY INFORMATION

During the school year, District staff members may compile non-confidential student directory information specified below.

According to state and federal law the below-designated directory information may be publicly released to educational, occupational or military recruiting representatives without your permission. If the Board permits the release of the below-designated directory information to persons or organizations who inform students of educational or occupational opportunities, by law the District is required to provide the same access on the same basis to official military recruiting representatives for the purpose of informing students of educational and occupational opportunities available to them, unless you request in writing that the school not to release the student's information without your prior signed and dated written consent. *If you do not object to the release of any and all of the below-designated information in writing, then the District must provide military recruiters, upon request, directory information containing the student's names, addresses and telephone listings.*

If you *do not* want any or all of the below-designated information about your son/daughter to be released to any person or organization without your prior signed and dated written consent, you must notify the District in writing by checking off any or all of the rejected information, signing the form at the bottom of this page, and returning it to the Principal, within two (2) weeks of receiving this form. If the School District does not receive this notification from you within the prescribed time, *it will be assumed that your permission is given* to release your son's/daughter's designated directory information.

TO: Principal

I *do not* want **any or all** the information I have  below concerning (student's name) \_\_\_\_\_ designated as directory information and released to any person or organization without my prior signed and dated written consent:

- Name     Address
- Telephone listing     Electronic mail address
- Date and place of birth
- Dates of attendance     Grade level
- Honors and awards received     Major field of study
- Enrollment status (e.g., part time or full time)
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Most recent educational agency or institution attended

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(Parent/guardian signature)

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(Date)

# CIMARRON MUNICIPAL SCHOOLS

165 N. COLLISON AVE .. CIMARRON NM, 87714

*A Legacy of Excellence*

## Student Insurance

As parent/guardian of \_\_\_\_\_, I understand that my child will require insurance to participate in Athletics, extra-curricular activities, and field trips. \_\_\_\_\_

I **do** have insurance for my child. (Insurance card is attached)

I **will** enroll my child in the School Insurance Program. (Next page)

I **do not** have insurance and I have signed the Statement of Financial Responsibility Form. (Below)

Signed \_\_\_\_\_ Date \_\_\_\_\_

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## Statement of Financial Responsibility

There are activities and trips in which we would like our child \_\_\_\_\_ to participate. Because we do not carry insurance and have chosen not to purchase school insurance, we hereby release Cimarron Municipal Schools and all other entities connected with Cimarron Municipal Schools of any and all liability.

Parent Signatures: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

# CIMARRON MUNICIPAL SCHOOLS

165 N. COLLISON AVE .. CIMARRON NM, 87714

*A Legacy of Excellence*

RE: Student Injuries and Insurance

Dear Parent (s):

Your child's school district **does not** provide medical insurance coverage for school accidents. This means that **you are responsible** for the medical bills if your child gets hurt during school activities. The accompanying student accident/health insurance plans are offered to help you pay those bills.

Many coverage options are available. The Student Health Care and High Option 24-Hour Accident plans are especially recommended for those students with no other insurance because they provide the most help when injuries occur. Student Health Care covers illness as well as injury, 24 hours a day. **We strongly recommend the high option plans for students participating in interscholastic sports.**

If your child does have other health coverage, student insurance may also be used to help pay those eligible charges not covered by other insurance (i.e. deductibles and co-payments). Also, the student insurance plans allow you to take your child to any doctor or hospital you choose.

Please read your brochure carefully. If you have any questions, please call the plan administrator, Meyers-Stevens & Toohey & Co., Inc., at (800) 827-4695, or (949) 348-0656. Bilingual representatives are available for parents who need assistance in Spanish.

**(In order to document your having been notified of this matter, please sign and complete the bottom of this form and send it back to school with your child immediately.)**

Sincerely,

Cimarron Municipal Schools

As parent/guardian of \_\_\_\_\_, I understand that the School District **does not** provide medical insurance for the student injuries but does make voluntary student insurance available.

I need to request the information on this program.

I **will** enroll my child in the program

I **will not** enroll my child in the program

Signed \_\_\_\_\_ Date \_\_\_\_\_

EXCURSION/FIELD TRIP WAIVER AND MEDICAL AUTHORIZATION

**NAME OF SCHOOL: Cimarron Municipal Schools**

I hereby give my permission for my child \_\_\_\_\_ to participate in the **walking field trip within 2 miles of the school** as part of his/her regular school program. **This permission form covers all school days from August 2018 through May 2019.** The trip will depart from and return to Cimarron Municipal School at various times depending on the purpose of the destination. All walks will return by no later than **3:40 p.m.** Students will be notified ahead of time if they must bring money or any supplies to complete the designated activity.

I fully understand that my child is to accept all rules and requirements governing conduct during the field trip and that all handbook policies apply. It is understood that any child determined to be in violation or unfulfilling of these behavior standards will receive consequences as indicated by the District policy. **All students must walk to our destination. Students may not ride in a vehicle of any kind.**

I, the undersigned, hereby release and discharge the Cimarron School District, officers, employees, agents, and servants (herein collectively referred to as "District") from all liability arising out of or in connection with the above described field trip or excursion. For the purposes of this agreement, liability means all claims, demands, losses, causes of action, suits, or judgements of any and every kind that I, my heirs, executors, administrators or assignees may have against the District, or that any other person or entity may have against the District, because of any death, personal injury or illness, or because of any loss or damage to property that occurs during the above described field trip or excursion and that results from any cause other than the negligence of the District.

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for the safety and welfare of my child. It is understood that the resulting expenses will be the responsibility of the parent(s) or participant.

\_\_\_\_\_  
Signature of Parent or guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy #

**\*Please provide a copy of your insurance card.**

**CIMARRON HIGH SCHOOL**  
**EXTRACURRICULAR CODE**

These are the rules and regulations that Cimarron High School students will sign and abide by in order to participate in extra-curricular activities. These rules pertain to students at all times.

1. **STUDENTS WILL CONDUCT THEMSELVES WITH CLASS AND SPORTSMANSHIP.**  
Misbehavior will not be tolerated at any time or place during school hours or extra-curricular activities. Misbehavior may result in your temporary suspension or expulsion from the team/extra-curricular activity.
2. **PROFANITY IS NOT PERMITTED.**  
You are role models and represent your team, your parents, and Cimarron High School. Be proud of yourselves and of your school. Profanity could result in loss of participation.
3. **STUDENTS WILL STRIVE FOR ACADEMIC EXCELLENCE.**  
A 70/2.0 GPA is the minimum requirement for participation. We encourage individuals to excel in the classroom and maintain at least an 80/3.0 GPA. All eligibility requirements noted in the Student Handbook apply.
4. **STUDENTS THAT QUIT THE TEAM DURING THE COURSE OF THE YEAR WILL NOT BE REINSTATED THAT SAME SEASON.**  
Students are discouraged from moving from one sport to another in the same season. The decision to allow students to move will be made by the coaches of those sports and the principal.
5. **STUDENTS WILL NOT POSSESS OR USE ALCOHOL, TOBACCO, OR DRUGS.**  
Students possessing or using alcohol, tobacco, or illegal drugs (this includes any inhalant including e cigarettes) WILL be dropped from the team and may be suspended from the other extra-curricular activities up to 150 school days on the first offense.
6. **STUDENTS ARE LAW ABIDING CITIZENS.**  
Students found guilty of a serious crime resulting in law enforcement/probation consequences will be dropped from the team/organization and may be suspended from all extracurricular activities up to 150 school days on the first offense.
7. **FIGHTING AND TRUANCY ARE NOT PERMISSABLE.**  
Students found guilty of fighting and/or truancy may be suspended and/or terminated from the team and/or extracurricular activity.
8. **STUDENTS WILL EXHIBIT EXEMPLARY BEHAVIOR ON ACTIVITY BUS TRIPS INCLUDING THE SHUTTLE BUS.**  
The first offense may result in the loss of bus privileges.
9. **INSUBORDINATION TOWARDS A TEACHER, COACH, OR ANY SCHOOL PERSONNEL WILL NOT BE TOLERATED.**  
Students suspended for such an offense will also be suspended or terminated from the team and extracurricular activities.
10. **STUDENTS WILL NOT RECEIVE A LETTER OR AWARD UNTIL ALL ISSUED EQUIPMENT HAS BEEN RETURNED OR PAID FOR.**
11. **STUDENTS ARE EXPECTED TO RIDE THE ACTIVITY BUS TO AND FROM ALL EVENTS UNLESS THEY HAVE A SIGNED FORM FROM PARENTS/GUARDIANS.**  
Students will only be released to parents and guardians (*or other adults with appropriate paperwork on file in the administration office*).

**ADMINISTRATION OF DISCIPLINE IN RESPONSE TO SERIOUS CODE INFRACTIONS WILL BE DECIDED BY THE COACHES/SPONSORS/ATHLETIC DIRECTOR IN COORDINATION WITH THE BUILDING ADMINISTRATOR.**

As a team member/parent/guardian, I have read and fully understand the guidelines, which are required for the participation in athletic or extracurricular activities at Cimarron High School.

\_\_\_\_\_  
Cimarron High Student

\_\_\_\_\_  
Parent/Guardian of Student

**NOTE: In addition to suspension from the club or team, you will also be subject to school penalties under the section title "Policies and Guidelines for Student Conduct at CHS" and any other contract obligations affiliated with the team or organization.**



# 2017-2018 Prototype Household Application for Free and Reduced Price School Meals

Complete 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 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	Grade	Student?		Foster Child	Homeless, Migrant, Runaway
				Yes	No		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 FDPIR?

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)

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.

### 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.

How often?  
Child income: \$      
 Weekly  Bi-Weekly  2x Month  Monthly

### 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 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 Members (First and Last)	Earnings from Work	How often?				Public Assistance/ 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	2x Month	Monthly
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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 Contact information and adult signature. Mail Completed Form To: 125 N. Collison Ave. Cimarron, NM 87714

"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 the form  Signature of adult  Today's date

**INSTRUCTIONS** Sources of Income

Sources of Income	Example(s)
Sources of Child Income	
- 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

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses	- Unemployment benefits	- Social Security (including railroad retirement and black lung benefits)
- Net income from self-employment (farm or business)	- Worker's compensation	- Private pensions or disability benefits
- Income from farm or business)	- Supplemental Security Income (SSI)	- Regular income from trusts or estates
If you are in the U.S. Military:	- Cash assistance from State or local government	- Annuities
- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)	- Alimony payments	- Investment income
- Allowances for off-base housing, food and clothing	- Child support payments	- Earned interest
	- Veteran's benefits	- Rental income
	- Strike benefits	- 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 (FDP/IR) case number or other FDP/IR 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.

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](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:

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; or  
 email: [program.intake@usda.gov](mailto: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  3-Weekly  2x Month  Monthly

Determining Official's Signature  Date  Household Size  Categorical Eligibility  Date

Confirming Official's Signature  Date  Verifying Official's Signature  Date

Eligibility:  Free  Reduced  Denied